

2024-2025 SPECIAL CIRCUMSTANCES REVIEW FORM

Student Financial Services

First Name		M.I.	Student ID
Cib.	Chaha		Dhana Numban
City	State	Zip	Phone Number
) a 2024-2025 Free Applicat	tion for Federa	l Student Aid	(FAFSA) before your appeal can be
e current calendar or acader reported accurately. If your law your appeal. Failure to sub soform, please contact us.	mic year. In ord FAFSA has bee omit required c appropriate su	der for us to m n selected for locumentation pporting docu	ake adjustments to the FAFSA data, we Federal verification, you must complete will delay processing of this form. If you mentation. The following list highlights
cial circumstance due to loss g change in circumstances s) from previous employer	s of employme	Include emplored include a sign W-2s Include the la	=
ns, etc.) g change in circumstances d documentation of how one	✓	Include a sigr	ned copy of your 2022 and 2023 1040 tax
nt/Student filed 2022 joint re	eturn but has	since separate	d or divorced.
verifying separation or divo	√ orce	Include a sigr return and W	ned copy of your 2022 and 2023 1040 tax /-2s
6	· · ·		
g change in circumstances Certificate include documentation to	was filed. ✓	(amounts and	ned copy of your 2022 and 2023 1040 tax
	City I) a 2024-2025 Free Applicate income reported on the 202 income reported on the 202 income reported accurately. If your or your appeal. Failure to substitute form, please contact us. In explained in writing with a fach case. Please give specificate for the previous employer with the previous employer stating date. MENT: Student/Parent received in the previous employer stating date. MENT: Student/Parent received in the previous employer stating date. MENT: Student/Parent received in the previous employer stating date. MENT: Student/Parent received in the previous employer stating date. MENT: Student/Parent received in the previous employer stating date. MENT: Student/Parent received in the previous employer stating date. MENT: Student/Parent received in the previous employer stating date. MENT: Student/Parent received in the previous employer stating date.	City State I) a 2024-2025 Free Application for Federal income reported on the 2024-2025 Free A e current calendar or academic year. In order reported accurately. If your FAFSA has bee by your appeal. Failure to submit required do so form, please contact us. Rexplained in writing with appropriate sure ach case. Please give specific dates and rescal circumstance due to loss of employment of the complete of	City State Zip D a 2024-2025 Free Application for Federal Student Aid income reported on the 2024-2025 Free Application for recurrent calendar or academic year. In order for us to me reported accurately. If your FAFSA has been selected for vyour appeal. Failure to submit required documentations form, please contact us. Rexplained in writing with appropriate supporting documents and reasons as to variety and the propriate supporting documents. Rexplained in writing with appropriate supporting documents and reasons as to variety a

listed must take into account the financial aid received from the other institution(s)										
OTHER UNUSUAL CIRCUMSTANCES – Student/Parent has other unusual circumstances not reflected in the FAFSA. Student Financial Services can only consider adjustments with detailed documentation. Please include as much numerical data as possible to explain your circumstance. Include letter explaining change in circumstances Include a signed copy of your 2022 and 2023 1040 tax return and W-2s										
ESTIMATED 2024 INCOME Provide your best estimate of the amounts you will receive from all sources (include taxable and non-taxable income) from January 1, 2024 to December 31, 2024. If completing this form after December 31, 2024, please provide calendar year 2024 totals only.										
	I									
1/1/2024 to today	+	Projected from today through 12/31/2024	=	Projected total for year 2024						
	+		=							
_	+		=							
	financial aid receivent/Parent has ottenents with detail n circumstances you will receive freg this form after E POUSE/CONTRIBUTE Actual from 1/1/2024 to	gent/Parent has other usements with detailed don circumstances you will receive from a g this form after Decements from 1/1/2024 to today +	financial aid received from the other institution(s) lent/Parent has other unusual circumstances not reflements with detailed documentation. Please include a in circumstances Include a signed concreturn and W-2s you will receive from all sources (include taxable and g this form after December 31, 2024, please provide of the projected from today through 12/31/2024 Projected from today through 12/31/2024 Projected from today through 12/31/2024	reinancial aid received from the other institution(s) lent/Parent has other unusual circumstances not reflected tements with detailed documentation. Please include as musual circumstances Include a signed copy of return and W-2s you will receive from all sources (include taxable and nonge this form after December 31, 2024, please provide calent projected from today through 12/31/2024 Projected from today through 12/31/2024 =						

UNUSUAL MEDICAL/DENTAL EXPENSES - Student/Parent has unusual medical/dental expenses not covered by insurance or

NUMBER OF STUDENTS IN COLLEGE – Student/Parent's family includes additional dependent students (undergraduate students under 24 years old) that will attend college full-time for the 2024-2025 school year that are not accounted for on the FAFSA.

Include letter explaining how additional dependent student(s) in college creates a financial hardship

included as a deduction on your 1040 tax return, or Dependent/Elderly Care expenses.

Include letter explaining change in circumstances

Include copy of bill(s) AND receipt(s) of unreimbursed

Parents must provide more than half of each student's financial support.

Student Name:

payments

Student Id:

✓ Include a signed copy of your 2022 and 2023 tax

medical, etc.) & Schedule A of taxes if filed

Include detailed breakdown of expenses (elderly care,

return and W2s.

Student Name:	Name: Student ld:						
	<i>-</i>						
PARENT/CONTRIBUTOR(S) INFORMATION		<u>IDEN</u>	TS ONLY)	1 1			
Please indicate amounts for each category of income below. If no income	Actual from 1/1/2024 to	١.	Projected from today	_	Projected total		
in a category, write in "0".	1/1/2024 to today	+	through 12/31/2024	=	for year 2024		
TAXABLE INCOME	today						
Parent (Contributor) 1's Earnings from				-			
Work (attach most recent pay stub)							
Parent (Contributor) 2's Earnings from		_		1			
Work (attach most recent pay stub)							
Taxable Interest Income							
Business/Farm Income				1			
Unemployment Compensation				1			
IRA Distributions (taxable portion only)		_		1			
Social Security Benefits		=		1			
Severance Pay							
Vacation & Sick Pay							
Other (describe):				1			
Total Taxable Income		+		=			
UNTAXED INCOME							
Workers' compensation / Disability							
Benefits							
Welfare benefits (AFDC/TANF)							
Child support received							
Payments to tax-deferred							
pensions/savings plans							
Deductible IRA and/or Keogh payments							
Tax exempt interest income							
Living allowances (as for military and/or							
clergy, etc.)							
Other (describe):							
Total Untaxed Income		+		=			
I (We) hereby affirm that all information rep best of my (our) knowledge. I (We) understa required to repay it; I (we) may also be requ	and that if I (we) r	eceiv	ve federal student aid based on				
Student Signature			Date				
Parent Signature			Date				
Parent Email							