

Indian River State College
Office of Student Financial Aid

2024-2025 Special Circumstances Form

Student Name: _____ Student ID Number: _____

Unusual Medical or Extraordinary Expenses

(You must provide supporting documentation)

This form should only be used if you (and/or your spouse if married) or parent (if a dependent student) have experienced unusually high medical, household or other extraordinary expenses that were beyond your control. Please explain the circumstances that led to the unusual expenses. You must provide supporting documentation, including most current income information, insurance policy information and other documentation that will support your claim. (Please use a separate sheet of paper if you need additional space.)

CERTIFICATION

I understand that submission of a Special Circumstances Form to the Financial Aid Office does not guarantee that I will become eligible to receive need-based aid including the Pell Grant. By signing this application, I certify that the information on this form and contained within the supporting documentation is true, correct and complete to the best of my/our knowledge. Both the student and the spouse or at least one parent (if you are a dependent student) must sign this form.

Both the student and the spouse or at least one parent (if you are a dependent student) must sign this form.

Student's Signature _____ Date _____

Spouse's Signature _____ Date _____

Parent's Signature _____ Date _____

(Required for Dependent Students Only)

FOR OFFICE USE ONLY

Review Date _____ Reviewed By _____ ☐ Approve ☐ Deny ☐ Cancel Request
