

2025-2026 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
