

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 request.

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 I am a dependent student.

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	_____