

The Financial Aid Office recognizes that students may experience a change in their financial situations after the Free Application for Federal Student Aid (FAFSA) has been filed. You should use this form if you have experienced a significant change in income, have unusual medical or dental expenses, or have other unusual circumstances and wish to request special consideration of these items.

A. Student Information

| | | | B# |
|-----------|------------|------|------------|
| Last Name | First Name | M.I. | Student ID |

B. Required Documentation

The chart below shows which documentation must be submitted to demonstrate special circumstances. If for any reason the required documentation is not available, include a written explanation of why it is not available.

| Loss of Income – Student |
|--------------------------|
| and/or Spouse |

- 1. Typed, signed letter explaining the change in circumstances. Include when the change occurred and your current financial situation.
- 2. Letter of termination.
- 3. Unemployment determination letter.
- 4. Final paystube 0 Tw 2.141 0 dideumstances. Includ

| | e when |
|--|---|
| the change of | curred and your current financial situation. |
| 2. Divorce decre | e or separation agreement. |
| 3. Child support | or alimony agreement. |
| 4. Most recent p | paystubs. |
| 5. Signed copy of | f 2023 Form 1040 filed with the IRS or 2023 IRS Tax Return |
| Transcript. | |
| 6. All W-2s for 2 | 023 if you a filed joint return. |
| Excessive Medical 1. Typed, signed | letter explaining the change in circumstances. Include when |
| Expenses – Exceeds 11% of the change of | curred and your current financial situation. |
| | on of medical expenses. |
| include charges covered by 3. Signed copy of | f 2023 Form 1040 filed with the IRS or 2023 IRS Tax Return |
| insurance. Transon Figure 2.2 | 25 0JJ- (rip)2fEMC -R5 |
| | |

Death of Spouse

1. Typed, signed letter explaining the change in circumstances. Include when the change occurred and your current financial situation.

2.

D. Household Information

List below the people in your <u>household</u>. Include:

- Yourself.
- Your spouse, if you are married.

Full Name

- Your children or spouse's children, if any, if you or your spouse will provide more than half of the children's support from July 1, 2024, through June 30, 2025, even if the child does not live with you.
- Other people if they now live with you and you provide more than half of the other person's support and will continue to provide more than half of that person's support through June 30, 2025.

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