Office of Financial Aid  
Special Circumstance Form  
2021-2022

Applicants who are requesting a review of their unusual circumstances to enable them to apply as an independent student for financial assistance purposes, or review of their administered financial aid must submit documentation to support their claim of independent status or change in financial status. The type of documentation may vary from student to student. However, certain standard documents are necessary to determine independent status or EFC adjustment, and any student under such review will be required to go through the basic verification process. These documents should be submitted together for review.

- Applicant’s 2019 Federal Income Tax Return Transcript and or 2019 W2’s.
- 2021-22 Dependent/Independent Verification Worksheet.
- Statements from third parties with regard to your situation (clergy, school counselor, etc.)
- Court documentation, which supports your claim for independent student status.
- Detailed letter from you, the applicant, detailing the unusual circumstances that may qualify you for a dependency override.

The Financial Aid Office does not approve requests based on the submission of documents, but rather based on review and evaluation of the documents that are submitted in accordance with Federal Law. *Additional documents may be requested. All decisions of the Financial Aid Office are final.

I certify that the attached and submitted information and documentation is true and correct. I understand that by submitting false or misleading documentation; I may be fined, sentenced to jail or both.

_____________________________  _________________  _______________
Student Signature  TNumber  Date

****************************OFFICE USE ONLY****************************

Date Received: ____________________  By:____________________

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Office of Financial Aid
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Name ___________________________________________________________
   (Last Name) (First Name) (MI)

Please explain the EXTENUATING CIRCUMSTANCES as to why you feel you should be considered for:
   ☐ dependency override ☐ professional judgment
   ☐ Unaccompanied / homeless youth

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Student Signature __________________________________________ Date ____________

Print Street Address __________________________________________ Telephone Number ____________

City, State and Zip Code ____________________________ email address ____________

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OFFICE USE ONLY:

Action Taken: [ ] Approved [ ] Denied Date: _____________

Comments: ___________________________________________________________

____________________________________________________________________

Signature: __________________________ Title: __________________________

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