



## 2025-26 Special Circumstances Form

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

The Special Circumstances Form is available for students who have experienced changes in their financial circumstances that may not be accurately reflected in the information provided on the Free Application for Federal Student (FAFSA). If your request changes your financial aid eligibility, our office will update the necessary FAFSA data elements to reflect those circumstances. Before your request can be considered, a valid 2025-2026 FAFSA must be on file with North Central College.

*If your 2025-26 FAFSA has resulted in a Student Aid Index of \$0 or less, we do not recommend completing this form. Instead, we encourage you to complete our 2025-26 Request for Additional Assistance form.*

Please provide all of the requested documentation for each impacting circumstance. Each request is evaluated on a case-by-case basis. Because of the individualized nature of these requests, we may request additional information. All communications regarding approval, denial, or requests for additional information will be sent to the student's North Central College email.



**Due to the complexity of appeal for special circumstances, please allow up to 1-2 weeks for processing once all required documentation is received. While your request is being processed, you are responsible for any remaining balance owed to the College.**

### **Possible Special Circumstances and Required Supporting Documents**

☐ **Death of a Parent or Spouse**

- Copy of death certificate

*Note: Additional information may be requested. Monitor student's Self-Service account for updates.*

☐ **Divorce or Separation of a Parent or Spouse**

- Divorce: Copy of divorce decree
- Separation: Copy of the legal separation agreement
  - If unavailable, please provide proof of separate residence (utility bill, lease, etc.) for both parents

*Note: Additional information may be requested. Monitor student's Self-Service account for updates*

☐ **Medical / Dental Expenses paid in 2024**

***Note: Medical insurance premiums or expenses NOT paid will not be considered.***

- Copy of 2024 Schedule A if medical expenses are itemized.
  - If unavailable, please provide copies of medical receipts that show they were paid in 2024, along with documentation totaling the expenses



☐ **Change in Income**

2024 Income Changes

- Signed copy of 2024 federal tax return, including Schedules 1, 2, 3, C, and SE, if filed, for all contributors to the FAFSA (i.e. anyone who supplied data on the FAFSA including the student).

2025 Income Changes

***Note: Requests can be submitted 10 weeks after the loss/reduction to income occurred.***

- Written statement including name of person experiencing reduced income, months worked, unemployment benefits received, and any other income received
- Copy of supporting documentation showing change in income:
  - Termination notice from employer or letter of resignation
  - Final pay stub from all employers showing year-to-date earnings
  - Benefit statement from Unemployment Administration showing monthly benefits or denial of benefits
  - If re-employed, a copy of the most recent pay stub from the new job or job offer with start date and salary
- Most recent pay stubs and/or income statements, if self-employed, for all contributors to the FAFSA (i.e. anyone who supplied data on the FAFSA including the student).

Untaxed Child Support Changes in 2024 or 2025 (if reported on the FAFSA)

- Copy of supporting documentation showing termination of child support received

☐ **Elementary / Secondary Educational Expenses for Siblings in 2025**

- Copy of 2025-26 tuition bill(s) on official school letterhead with the attending student's name

☐ **Other**

- If you feel that you have a special circumstance that is not covered on this form, please provide:
  - A written statement explaining the unlisted special circumstance
  - Any relevant documentation supporting your written statement

**Certification Section**

I, hereby certify that all of the information that is provided on this form is true, complete and correct to the best of my knowledge. I give permission to the Financial Aid Office to verify any information that I provide on this form. I understand that this verification may include a request for my tax documents. I understand that corrections may be made to my FAFSA by the Office of Financial Aid. I understand that reporting a Special Circumstance does not guarantee a recalculation of my Student Aid Index (SAI) and/or an increase in financial aid funding.

**Student Signature (Original)** \_\_\_\_\_ **Date** \_\_\_\_\_