Special Circumstances Request

If you or your family have experienced significant changes in income or your current circumstances are not reflected on the Free Application for Federal Student Aid (FAFSA), you may be eligible for a review and potential adjustment of certain elements on your FAFSA. These special circumstances are considered on a case-by-case basis and to ensure compliance with federal, state and institutional regulations, there are limits to the circumstances we can consider. Specific documentation will be required depending on your specific special circumstance, examples of documentation are listed.

Student Name _____ **ID Number**_____

1. **Check what you would like us to review and provide documentation.**

☐ Loss of income or job (attach signed copy of most recently filed federal tax return with applicable schedules)

☐ Medical/Dental bills/Rx not covered by insurance or flexible spending plan (attach EOBs, receipts, to support claims for most recent 12-month period)

☐ Death of family member-parent/sibling/spouse (will need most recent W2s in order to separate income, depending on situation or other expenses incurred)

☐ Childcare costs **for independent students who have dependents** (submit receipts for most recent 12-month period)

☐ Educational expenses (i.e. parent loan payments or sibling private K-12 tuition payments) (submit receipts for upcoming academic year)

☐ Other unusual expenses (ex: fire/flood/hail damage to the home) _____

2. **Provide a written explanation to describe your change of circumstances. In your explanation, be sure to include applicable dates, dollar amounts, reason(s) for significant changes from year to year, etc. When reporting future expenses or income, we ask that you make your best estimate.**

Upon review of your statement, we may need to request additional information. Because of funding limits, a recalculation of your financial aid eligibility does not guarantee any additional financial aid will be offered to you, but our office will notify you of any change resulting from your special circumstance request.

_____ _____

Student Signature (if emailed from ripon.edu, signature not required) Date

_____ _____

Parent signature Date

For Administrative Purposes Only:

Academic year(s) to review (i.e. 2025-26, 2026-27etc) _____ FA Reviewer: _____ Date Completed _____