

## 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 st curree-4. (infoec-est curi st)-3.9.stlat exploeparatortheet ofwe

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### 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 certifga depende

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	Af75 14.34 0 Td 5 Da56 oRe 0 Tw 14.34 0 Tde086.557/T