

Division of Enrollment Management

Office of Financial Aid

1 Castle Point Terrace Hoboken, NJ 07030 P: 201-216-3400 / F:201-216-8050

2025-2026 Special Circumstance Request

Stevens Institute of Technology recognizes that special circumstances may arise during the 2024, 2025, or 2026 calendar year, which can influence a student/family's ability to contribute towards your education. If there are special circumstances that significantly changed in your family's financial situation, prior to filing your FAFSA or afterwards, you may complete this Special Circumstance Request form. Federal regulations and institutional policies require that special circumstances fall within certain parameters and that they are accompanied with supporting documentation to recalculate financial need and eligibility.

Your request will be reviewed by the Office of Financial Aid and a decision will be based on the situation as detailed in this form and on the quality of additional documentation provided. Requests will not be reviewed until all documentation is received. The Office of Financial Aid may request additional documentation.

IMPORTANT: We are unable to consider circumstances that include, but are not limited to:

High consumer debt

Student Name:

- Other discretionary spending
- Educational expenses for parent, siblings and/or other family members
- Expenses for grandparents, relatives, siblings, and/or other expenses for non-immediate family members
- Lifestyle expenses (pets, cars, housekeepers, vacations, weddings, home repairs, discretionary dental/medical procedures, etc.)

SECTION 1: STUDENT INFORMATION - (TO BE COMPLETED BY STUDENT)

CWID:	Phone Number:
Address:	
SECTION 2	REASON(S) FOR THE SPECIAL CIRCUMSTANCE REVIEW REQUEST
Check all th	nat apply:
A.	Death of Parent or Spouse: During the year 20, a parent (or spouse, for independent students) passed away. Please document this with the following: □ Copy of death certificate □ Description of any pending or finalized changes in (including life insurance benefits) □ Information about the income change resulting from this event (social security benefits, pension, and retirement, etc.). If unknown at this time, please indicate when information will be available.
В.	Loss of Wages or Employment: Involuntary loss of employment must be for a period of equal to or more than 12 weeks before submitting the form. Please provide the following documentation. NOTE: Loss of overtime earnings, bonus/commission earnings or change/reduction in income with respect to self-employment will not be considered. Final pay stub from previous employer Letter/notification from employer verifying termination/change Most recent pay stubs showing new/changed salary Official statement of unemployment benefits (from state Department of Labor) indicating beginning and end dates of benefits Official notification from employer regarding severance benefits received/expected If parents are married – most recent pay stub of other parent



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SECT

SECTION 2 CONTINUED: REASON(S) FOR I	HE SPECIAL CIRCUMSTANCE REVIEW REQUEST		
provide the following docu Date separation/d parent who provid must provide the r Copy of divorce de Details on the divis Proof of separate r	r filing the FAFSA, you/your parent has becommentation: ivorce occurred and identification of the cont ed more financial support during the last 12 n equested information cree or separation agreement sion of marital assets esidences from non-custodial parent (utility b ng child support and/or alimony payments ex	ributing parent (if applicable). The nonths is the contributing parent and bills, lease/rental agreement, etc.)	
and dental expenses that endocumentation of expenses are copy of Schedule.			
 E. Loss of Untaxed Income or Benefit: A member of your family has lost untaxed income or benefit (i.e. social security benefits, child support, etc.). Please provide the following documentation: Letter from the agency that is terminating the benefit or your statement indicating the amount of the benefit in the current year and the date on which the benefit ended Official statement from agency indicating benefit expiration 			
F. Other Unusual Situations No	ot Listed Above vant documentation pertaining to the unusua	l situation	
SECTION 3: VERIFICATION			
Together with the documents outlined federal tax return (IRS 1040) and correto the student once the request has be	mstance Request review may be subject to a above, each request must also include a copesponding W-2 forms. A separate request for en reviewed. These documents may include a and a Standard Verification Worksheet. The original financial aid offer.	y of the student/ parent(s) 2023 verification documents may be sent but are not limited to: Federal Tax	
SECTION 4: CERTIFICATION			
award and understand that if any proje	n of this request does not guarantee an adjust ctions submitted in this request change, I/we Ill the information on this form and any accon	will immediately notify the Office of	
Student Signature:		Date:	
Printed Parent's Name (If applicable):	_ Date:		
Parent Signature (If applicable):		Date:	