



2026-2027 Special Circumstance Request

Stevens Institute of Technology recognizes that special circumstances may arise during the **2025, 2026, or 2027** 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
- 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)

Student Name:

CWID:

Phone Number:

Address:

SECTION 2: REASON(S) FOR THE SPECIAL CIRCUMSTANCE REVIEW REQUEST

Check all that 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.
- B. **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



SECTION 2 CONTINUED: REASON(S) FOR THE SPECIAL CIRCUMSTANCE REVIEW REQUEST

- C. **Divorce or Separation:** After filing the FAFSA, you/your parent has become divorced or separated. Please provide the following documentation:
- ☐ Date separation/divorce occurred and identification of the contributing parent (if applicable). The parent who provided more financial support during the last 12 months is the contributing parent and must provide the requested information
 - ☐ Copy of divorce decree or separation agreement
 - ☐ Details on the division of marital assets
 - ☐ Proof of separate residences from non-custodial parent (utility bills, lease/rental agreement, etc.)
 - ☐ Statement regarding child support and/or alimony payments expected to be paid or received in the current year
- D. **Unusually High Medical and/or Dental Expenses:** You and/or your parent(s) can deduct only the amount of medical and dental expenses that exceed 7.5% of the adjusted gross income reported. Please provide documentation of expenses as follows:
- ☐ Copy of Schedule A (form 1040) – Itemized Deductions
 - ☐ Copies of receipts from PAID medical expenses
- 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 Not Listed Above**
- ☐ Please submit relevant documentation pertaining to the unusual situation

SECTION 3: VERIFICATION

All students submitting a Special Circumstance Request review may be subject to an institutional verification process. Together with the documents outlined above, each request must also include a copy of the student/ parent(s) 2024 federal tax return (IRS 1040) and corresponding W-2 forms. A separate request for verification documents may be sent to the student once the request has been reviewed. These documents may include but are not limited to: Federal Tax Return Transcripts, current tax records and a Standard Verification Worksheet. The verification process may result in an increase or decrease to the student's original financial aid offer.

SECTION 4: CERTIFICATION

I/ We acknowledge that the submission of this request does not guarantee an adjustment to the student's financial aid award and understand that if any projections submitted in this request change, I/we will immediately notify the Office of Financial Aid. Lastly, I/ we attest that all the information on this form and any accompanying documentation is accurate and complete to the best of my knowledge.

Student Signature: _____

Date:

Printed Parent's Name (If applicable): _____

Date:

Parent Signature (If applicable): _____

Date: