



2027-2028 SPECIAL CIRCUMSTANCE APPLICATION

This form is to request that the Financial Aid Office consider special or unusual circumstances that may affect your eligibility for financial aid for the 2027-2028 academic year. Please follow all instructions, complete the sections requested and return this form and the required documentation to the Financial Aid Office. Additional information may be requested once we begin our evaluation.

Student Last Name, First Name

Social Security Number

Student ID Number

A. Provide a typewritten detailed statement explaining your circumstances along with all appropriate documentation. Your request will not be considered without supporting documentation.

B. Please check one or more of the following conditions that apply to your situation:

_____ 20____ income is significantly less than 20____ income
• Provide a copy of 20____ Federal Tax Return Transcript(s) and all 20____ W-2's.

_____ Loss of income or resources
• Provide documentation from employers or agencies that verifies when employment or benefits ended.
• If loss of income/resources occurred after January 1, 2026, provide documentation (e.g. most recent pay stub, benefit statement, etc.) to indicate how much money has been received since January 1, 2025.
• If loss of income/resources occurred after January 1, 2027, complete, to the best of your ability, Section C of this form.

_____ Divorce, separation, or death of a parent or spouse
• Provide documentation of the situation, including date of divorce, separation or death.
• Provide a copy of 2025 Federal Tax Return Transcript(s) and all 2024 W-2's.
• Provide an Ottawa University Verification Worksheet.
• If event was in 2026, provide a copy of 2026 Federal Tax Return Transcript(s) and all 2026 W-2's.
• If event occurred after January 1, 2027, complete, to the best of your ability, Section C of this form.

_____ Significant Out of Pocket Medical Expenses Paid in 2025 or 2026
• Provide a copy of 2025 or 2026 Federal Tax Return Transcript(s), including Schedule A (Itemized Deductions), if applicable.
• If no Schedule A is available, provide documentation of the expense(s) (e.g. statement from provider, copy of cancelled check, etc.) indicating payment made by student/family.

C. Please complete the following information for the 2027 calendar year. Remember to provide documentation that verifies the amounts being listed. Include earnings from all employment and any other taxable or non-taxable income.

2027 Taxable Income	Jan 1, 2027 to Present				Estimated for remainder of 2027			
	<u>Student</u>	<u>Spouse*</u>	<u>Mother</u>	<u>Father</u>	<u>Student</u>	<u>Spouse*</u>	<u>Mother</u>	<u>Father</u>
Income earned (<i>Provide copy of current 2027 paycheck stub</i>)								
Unemployment Compensation (<i>Provide copy of current statement</i>)								
Other taxable income (<i>severance, taxable pension, alimony/maintenance support</i>) Provide documentation								

2027 Non-taxable income	Jan 1, 2027 to Present				Estimated for remainder of 2027			
	<u>Student</u>	<u>Spouse*</u>	<u>Mother</u>	<u>Father</u>	<u>Student</u>	<u>Spouse*</u>	<u>Mother</u>	<u>Father</u>
Child Support received (<i>Provide copy of current statement</i>)								
Pension or Retirement Distribution (<i>Provide copy of current statement</i>)								
Living Allowances paid to military, clergy, etc. (<i>Provide copy of current statement</i>)								
Disability, Workmen's Compensation, VA Benefits (<i>Provide copy of current statement</i>)								
Other Untaxed Income								
Child support paid								

* If you are a married student, you are required to provide income information for your spouse.

D. Please provide student and (if applicable) parent signatures. Your request cannot be considered if not properly signed.

I certify that all information on this form is true and complete to the best of my knowledge. If asked, I will submit proof to verify the information I have provided. I understand that if I do not provide this information, the request for review of my special circumstances will not be processed. I must inform the Financial Aid Office if there are any changes to the above information.

Student Signature

Email Address

Parent Signature

Telephone Number

Address

City, State and Zip