

Financial Aid Special Circumstances Form

2026-2027 Academic Year

Student Name: _____ Marywood Student ID: _____

The Free Application for Federal Student Aid (FAFSA) advises you to contact the financial aid administrator at your school if you have faced a hardship not reflected in the tax and income information reported on the application that would affect your ability for student financial aid.

To set realistic expectations, we cannot guarantee that your circumstance will warrant a recalculation of your financial aid eligibility; however, we do intend to be fair and timely. If conflicting information is present on the application through the review, we will be obligated to make corrections to your FAFSA that may result in a loss of financial aid. The review process may take 2-4 weeks from receiving all necessary documents, and you will receive notification of the results by email.

Important: Below are typical circumstances and documentation to provide for our review. Reasons based on consumer debt, mortgage or rent, personal expenses, or other discretionary expenses are not considered. Incomplete documentation will delay or prohibit our ability to accurately review your situation. Our office may be required for additional documentation not listed below.

For all circumstances, you **MUST** submit the following:

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| <input type="checkbox"/> 2024 Signed Federal Tax Return with schedules | <input type="checkbox"/> 2025 Signed Federal Tax Return with schedules |
| <input type="checkbox"/> 2024 W-2 Form(s) or wage statement(s) | <input type="checkbox"/> 2025 W-2 Form(s) or wage statement(s) |
| <input type="checkbox"/> Documentation specific to circumstance(s), as listed below: | |

Part I. Special Circumstance

| | | |
|--|--|--|
| Loss of Employment or Change in Status: <input type="checkbox"/> Parent _____ <input type="checkbox"/> Student _____ <input type="checkbox"/> Spouse _____ | Last Date of Employment: _____ | Required Documentation: <input type="checkbox"/> Copy of last paystub from previous employer <input type="checkbox"/> Most recent paystub from new employer, if applicable <input type="checkbox"/> Documentation of unemployment benefits, if applicable <input type="checkbox"/> Termination letter from previous employer, if applicable |
| Divorce/Separation: <input type="checkbox"/> Parent _____ <input type="checkbox"/> Student _____ | Date: _____ | Required Documentation: <input type="checkbox"/> Copy of divorce decree and/or separation agreement <input type="checkbox"/> Documentation of separate households (i.e. copy of utility bills, lease, driver's license, etc.) |
| Death: <input type="checkbox"/> Parent _____ <input type="checkbox"/> Spouse _____ | Date: _____ | Required Documentation: <input type="checkbox"/> Copy of death certificate |

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|--|---|
| One-Time Income Distribution: <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Spouse | Required Documentation: <input type="checkbox"/> Documentation that identifies the source and amount (i.e. 1099-R for retirement benefit withdrawal) <input type="checkbox"/> Statement explaining reason for distribution and how income was used (use Part II below for statement) |
| Loss of Untaxed Income or Benefits: <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Spouse | Required Documentation: <input type="checkbox"/> Documentation that identifies the source and amount <input type="checkbox"/> Statement explaining reason for loss (use Part II below for statement) |
| Excessive Medical or Dependent Care Expenses: <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Spouse | Required Documentation: <input type="checkbox"/> Documentation of paid medial or dependent care expenses not covered by insurance |
| Other Extenuating Circumstances: <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Spouse | Required Documentation: <input type="checkbox"/> Applicable documentation (contact the Financial Aid Office for guidance) |

Part II. Explanation of Hardship (attach additional sheet, if necessary)

| Part III. Estimated 2026 Expected Income | | 2026 |
|--|--|-------------|
| Parent 1 Income From Work Name of Parent: | | |
| Parent 2 Income From Work – Name: Name of Parent: | | |
| Student's Income From Work | | |
| Student Spouse's Income From Work | | |
| Other Income (please specify): | | |
| As of the original 26-27 FAFSA filing date, how much did you have in cash, savings, and/or checking? | | |
| As of the original 26-27 FAFSA filing date, what was the net worth of your investments, including real estate? | | |
| As of the original 26-27 FAFSA filing date, what was the net worth of your businesses or investment farm? | | |
| What is the annual child support received for the last complete calendar year? | | |

Part IV. Certification Statement

I certify that the information provided on this form is true and accurate. I understand that withholding information or giving false information could result in the loss of financial aid funding. I will provide 2024, and 2025 signed federal tax returns, W-2 statements, and all requested documentation in a timely manner. I understand that I am required to accept and complete loan requirements for all Federal Direct Loans offered if my special circumstance results include need-based Marywood aid. I understand that completing this form does not guarantee financial aid will be increased.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(required for dependent students only)