Financial Aid – Special Circumstances Review

_____

Student Name

_____

Parent/Spouse on FAFSA Name

Please check the box(es) below that reflects your situation. Supporting documentation will be required. Both the student and parent/spouse whose information was reported on the FAFSA must sign this form.

☐ **Loss of Income**

My family's income declined from 2023 to 2024 due to (circle applicable):

Unemployment Retirement Change of Employer Reduction in Hours

Documentation Required:
Signed copies of Student's 2024 Federal Tax Return and W2s
Signed copies of Parent/Spouse 2024 Federal Tax Return and W2s

☐ **Another Family Member (Listed on the 2025-26 FAFSA) is Attending College**

Documentation Required:
Written statement outlining out-of-pocket costs (bill minus any financial aid) for your family. Costs included tuition, fees, books and supplies for the 2025-2026 academic year.

☐ **High Medical and Dental Expenses**

Documentation Required:
A written summary, with attached receipts, of expenses for the year 2024 not covered by insurance.

☐ **Support of Additional Family Members <u>Not Included on the 2025-26 FAFSA</u>**

Documentation Required:
A written statement explaining the situation. Statement must include the family member's relationship to the student, the amount and type of support provided, and the reason why the support is necessary.

☐ **Private School Expenses**

Documentation Required:
A written statement of the amount of tuition and fees your family will pay for the 2025-26 academic year. Attach a document supporting proof of payment, i.e., school contract, account statement, or similar.

☐ **Other**

Attach supporting documentation.

Certification

I /we hereby certify that the information and supporting documentation attached to this form is true and correct to the best of our ability. I/we understand that making an appeal does not guarantee a change in the financial aid offer. I/we acknowledge that this review is pertinent ONLY to the 2025-2026 academic year.

Student Signature Date Daytime phone number

Parent/Spouse Signature Date Daytime phone number

Please return this form and attached documentation in person or by mail to:

GNU Financial Aid Office
c/o Melissa Hammond
611 E Indiana Ave Spokane WA 99207

Received Date Outcome Initials