

2026-2027 Request for Consideration of Special Circumstances

Student Name: _____ **ID:** _____

Sometimes families experience special circumstances which merit recalculation of their financial aid eligibility based on the 2025 or 2026 information rather than the federally required 2024 information. This form is designed to document those situations for review by the Office of Financial Aid. Please be advised that all professional judgment appeal decisions are final. **Please allow six weeks to process.**

Instructions:

To request a review of your extenuating financial circumstances

1. Complete and send 2026-2027 FAFSA application.
2. Complete and submit this *Special Circumstance Form* to the Financial Aid Office.
3. Submit a signed copy of parents' 2024 and 2025 federal tax return if you are a dependent student.
4. Submit signed copy of students'/spouses' (if married) 2024 and 2025 federal tax return, if you are an independent student or a signed copy of student's income 2024 and 2025 federal tax return if you are a dependent student.
5. Copy of parent and students 2024 and 2025 W2's

Circumstances:

Please check [√] the box beside the circumstances that apply to your situation and submit the necessary paperwork.

Separation from Employment due to Layoff, Termination, or Disability in 2024, 2025 or 2026.
* Letter from employer on company's letterhead including last date of employment and/or
* Unemployment benefits determination document and/or
* Documentation of year-to-date income (last pay stub, severance pay, SSI benefits) and a signed copy of your 2024 and 2025 federal tax return and W2's.

Excessive non-reimbursed medical and/or dental expenses
*Summary of non-reimbursed medical and/or dental expenses and/or
* Statement from physician's office

Loss or Reduction of Untaxed Income Source (disability benefits, welfare benefits, child support)
* Copy of Notification of benefits reduction/termination, including the effective date and/or
* Documentation of 2026 expected benefits and/or
* Documentation of 2026 year-to-date income (taxable and non-taxable)

Separation or Divorce which occurred after applying for financial aid
* Copy of court order, final divorce decree or legal separation agreement and 2024 sign copy of federal taxes and W2s.

Death of a parent (or spouse) which occurred after applying for financial aid
* Copy of death certificate and sign copy of 2024 federal taxes and 2024 W2s.

Other Unusual Circumstances
* A signed, dated letter explaining the situation
* Any additional documentation you want the Financial Aid Administrator to consider

One-Time Income and/or One-Time Difference in Earnings between 2024 vs 2025
* A signed, dated letter explaining the situation and/or
* A signed copy of your 2024 and 2025 Federal Tax Return plus W2's

(Continued on Reverse Side)

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Statement of Projected 2026 Income (annual amounts only):

This section asks about income & benefits that you & your family expect to receive between January 1, 2026 and December 31, 2026. **Please note if a question does not apply to you or if you do not expect any income from that source, write in "0".** Provide your best estimate for the remainder of the year.

Taxable Income	Income Earned from Jan 1, 2026 until now	Total Projected Income for the entire 2026 year
Father's earnings	\$	\$
Mother's earnings	\$	\$
Student's earnings	\$	\$
Spouse's earnings	\$	\$
Untaxed Income		
Social Security Benefits	\$	\$
Child Support Received	\$	\$
Public Assistance	\$	\$
Other Untaxed Income (workman's compensation, VA non-educational benefits, cash support, etc.)	\$	\$

Certification:

I/we certify that the information provided on this form is complete and accurate to the best of my/our knowledge. I/we agree to provide more detailed documentation if required. If additional changes occur during the 2026-2027 academic year that would alter the information provided on this form, I/we will immediately contact the Office of Financial Aid at Rose-Hulman. **One parent signature is required if you are a dependent student.**

I / We understand that failure to provide the required documentation will result in a denial of this appeal.

Student's signature

Date

Parent's Signature

Date

Parent's email address

Submit this worksheet to:

Rose-Hulman Institute of Technology

Financial Aid Office

5500 Wabash Ave

Terre Haute, IN 47803

Fax: 812-877-8259

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.