



**NORTHERN**  
STATE UNIVERSITY

**2022 – 2023**

## **FINANCIAL AID SPECIAL CIRCUMSTANCES FORM**

Student Name \_\_\_\_\_ Student ID or SSN: \_\_\_\_\_

Student Email \_\_\_\_\_ Student Phone #: \_\_\_\_\_

This form can be used by you and your family to report unusual situations which may impact your ability to pay for school. These circumstances can be conditions which have reduced your income or extraordinary expenses that provide you with less disposable income. The circumstances must be significant. The Financial Aid Office will review your request to determine if changes should be made to your eligibility. Adjustments cannot be made for expenses such as consumer goods or lifestyle choices. Incomplete forms will not be processed.

### **All requests must complete the following steps:**

1. Submit a 2022-2023 Free Application for Federal Student Aid (FAFSA) at [StudentAid.gov](https://studentaid.gov).
2. Provide a written letter explaining your circumstances. Include as much detail as necessary to fully describe the reason for your request for reconsideration (who, why, when).
3. Attach to this form all requested documentation and submit everything as soon as possible.

### **Special Circumstances (check all that apply):**

- Loss or Reduction of Employment or Wages
  - Please provide a letter from your employer stating termination date or reason for reduction in earnings;
  - A copy of your last pay stub;
  - Copies of all 2020 and 2021 W-2s;
  - A copy of your 2020 and 2021 IRS tax returns, complete with schedules; and
  - If your business or farm has closed due to bankruptcy, foreclosure or natural disaster, you must provide a letter from your accountant, attorney or banker outlining the circumstances.
  
- Death of Parent/Spouse
  - Please provide a copy of the death certificate;
  - Copies of all 2020 and 2021 W-2s; and
  - A copy of your 2020 and 2021 IRS tax returns, complete with schedules.
  
- Separation or Divorce
  - If you or your parent has become separated or divorced, you must provide a letter documenting the date of separation or divorce;
  - Documentation of monthly maintenance support;
  - Documentation of the division of assets;
  - Copies of all 2020 and 2021 W-2s; and
  - A copy of your 2020 and 2021 IRS tax returns, complete with schedules.

**PLEASE COMPLETE NEXT PAGE**

- Termination of Social Security Benefits or Child Support
  - Please provide documentation showing when the benefit ended and the amount received in 2020 and 2021.
  
- Unusual Medical and Dental Expenses
  - Please provide copies of all paid medical/dental expenses. As a general rule, these expenses should be in excess of 11% of your Adjusted Gross Income (AGI).
  - Amount paid for 2020 medical/dental expenses not covered by insurance (include premiums paid but do not include employer's contribution). \$ \_\_\_\_\_
  - Amount paid for 2021 medical/dental expenses not covered by insurance (include premiums paid but do not include employer's contribution). \$ \_\_\_\_\_
  
- Change from Dependent to Independent Status due to Birth of a Child or Marriage
  - Please provide a letter from your doctor indicating your due date; OR
  - A copy of your marriage license; AND
  - Copies of your and spouse's 2020 and 2021 W-2s; AND
  - Copies of your and your spouse's 2020 and 2021 IRS tax returns, complete with schedules.
  
- Other Income Reduction or One-Time Income Increase
  - Please provide any documentation that would be informative of your situation.
  - Documentation should give specific details of the reason your income has been reduced or increased, effective date and other pertinent details of the change in income.

**Signatures:**

WARNING: If you purposely give false or misleading information on this form, you may be subject to a fine, a prison sentence, or both.

We certify that the information provided on this form is complete and accurate to the best of our knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form.

Student \_\_\_\_\_ Date \_\_\_\_\_                      Father \_\_\_\_\_ Date \_\_\_\_\_

Spouse \_\_\_\_\_ Date \_\_\_\_\_                      Mother \_\_\_\_\_ Date \_\_\_\_\_

**Submit this form along with all the requested documentation to:**

**Financial Aid Office  
Northern State University  
1200 S Jay St  
Aberdeen SD 57401**

**Fax: 605-626-2587  
Email: [finaid@northern.edu](mailto:finaid@northern.edu)  
Phone: 1-800-678-5330  
or 605-626-2640**