

2024 – 2025 FINANCIAL AID SPECIAL CIRCUMSTANCES FORM

Student Name	Student ID:
Student Email	Student Phone #:

This form can be used by you and your family to report unusual situations that 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 2024-2025 Free Application for Federal Student Aid (FAFSA) at 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 2022 and 2023 W-2s;
 - A copy of your 2022 and 2023 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 2022 and 2023 W-2s; and
- A copy of your 2022 and 2023 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 2022 and 2023 W-2s; and
- A copy of your 2022 and 2023 IRS tax returns, complete with schedules.

	 Please provide documentation 2022 and 2023. 		ded and the amount received in	
	 should be in excess of 11% of y Amount paid for 2022 medical, paid but do not include employ 	our Adjusted Gross Income (A /dental expenses not covered /er's contribution). \$/ /dental expenses not covered	by insurance (include premiums —— by insurance (include premiums	
	 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 2022 and 2023 W-2s; AND Copies of your and your spouse's 2022 and 2023 IRS tax returns, complete with schedules. 			
	 Other Income Reduction or One-Time I Please provide any documenta Documentation should give specific increased, effective date and or 	tion that would be informative ecific details of the reason you	r income has been reduced or	
Signatures: WARNING: If y sentence, or bo	ou purposely give false or misleading inf oth.	formation on this form, you m	ay be subject to a fine, a prison	
•	the information provided on this form is d official, I agree to give proof of the inf	•	_	
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 Phone: 1-800-678-5330

or 605-626-2640