



WAYNESBURG UNIVERSITY

Return completed form/documentation to:
Financial Aid Office
Waynesburg, PA 15370
(724) 852-3208 (412) 397-8212 FAX
finaid@waynesburg.edu

SPECIAL CIRCUMSTANCE FORM 2024-25

Student's Name

Phone No:

Email:

Student ID

Complete Mailing Address including City, State and Zip Code

This Special Circumstance Form may be used by you and your family (Independent students or Parents of Dependent students) to report unusual or unforeseen changes to your family income that you believe impacts your ability to contribute to your education at Waynesburg University.

Please note: Ineligible special circumstances include: loss of overtime pay, expenses related to personal living such as car/mortgage payments, credit card bills, wedding/vacation expenses, lottery winnings, one-time bonus or legal awards, utilities bills, etc. Before the Financial Aid Office can review any of the information you must have your 2024/25 FAFSA on file and completed the verification process if you were selected. In addition, a Special Circumstance request will not be processed if your SAI ranges from -1500 to 0 or you are a Graduate student. After your Special Circumstance request is processed, you will receive an updated Aid Offer Letter indicating if a change was made to your Financial Aid eligibility.

Please indicate the year in which your change of circumstances first took place:

2023

2024

Please check the appropriate circumstance(s) listed below. It is your responsibility to provide all requested documentation.

Incomplete forms and forms without the required documentation will not be processed. Indicating you have zero income will not be acceptable and you will be asked to submit additional information regarding your living situation and who is assisting you and your family with those living expenses. Reviews are done on a case by case basis and all decisions are final. The Financial Aid Office reserves the right request additional information if further clarification is needed. A special circumstance request will only be done one time per year and must be submitted to the Financial Aid Office before the end of the Spring semester.

Loss of Employment or Reduction of Income for: _____ **Reason:** _____

Please provide the following documentation for the year you experienced the reduction:

- **Copy of 2023 OR 2024 Federal Income Tax return and all W-2's** (*if your 2024 income was reduced due to Loss of Employment/Reduction of Income you cannot submit this form until you file your taxes)
- Letter from employer indicating date of termination or reduction in working hours/salary/wages
- Any information regarding benefits paid upon termination (severance pay, vacation/sick time pay, etc.)

Divorce/Separation **Date of Divorce/Separation:** _____

Please provide the following documentation for the year you experienced the reduction. (*Note: request for reduction of income due to separation will only be done once while the student is enrolled.)

- If divorced- copy of divorce decree
- If separated- copy of the legal separation document OR a signed statement from your attorney showing the date of separation.
- Copy of your 2023 OR 2024 Federal Income Tax return and your W-2's (*if your 2024 income was reduced you cannot submit this form until you file your taxes)

Death of Parent/Spouse Date of death: _____

Please provide the following documentation:

- Copy of death certificate
- Copy of your 2023 or 2024 Federal Income Tax return and all W-2's (*if your 2024 income was reduced you cannot submit this form until you file your taxes)

Loss of Untaxed Income for: _____ **Reason:** _____

Please provide the following documentation:

- Please attach a copy of the letter from the agency that provided the benefits, detailing the termination of benefits. This must have occurred during 2023 or 2024.

Other Circumstances or information that is pertinent to your request.

Please explain your situation in the box below. If you need additional space please attach a separate sheet of paper.

*****If additional information is needed you will be notified via the email address or postal address listed on this form.

By signing this form. I (we) certify that the information provided is complete & accurate to the best of our knowledge.

Student's Signature: _____	Date: _____
Parent's Signature: (if applicable) _____	Date: _____