

The Financial Aid Office recognizes that a family can experience a change in financial circumstances which make it necessary to re-evaluate an aid application. Before consideration, the student must have submitted a 2026-27 Free Application for Federal Student Aid (FAFSA) and the results must be on file. Also, if selected, the federal/state verification process must be finalized prior to additional changes.

In addition to the required documents to support the request listed within the appropriate sections below, it is recommended that the student and/or parent write a letter describing the extenuating circumstances which have affected their ability to pay for college.

**STUDENT INFORMATION**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

SPIRIT ID Number \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Parents' Signature: \_\_\_\_\_

**Unemployment of a parent, independent student or student's spouse due to termination, disability, retirement or layoff.**

Name of unemployed person: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Date of unemployment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Weekly amount of Unemployment Benefits: \$ \_\_\_\_\_

What is the total amount of severance or vacation pay, if any, to be received in **20**\_\_\_\_? \$ \_\_\_\_\_

Has this person returned to work? Yes No If yes, indicate date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, indicate monthly gross income from new job: \$ \_\_\_\_\_

Documentation Requirements:

- Copy of "Notice to Claimant of Benefit Determination" from unemployment office.
- Notice of termination from former employer with indication of last date of employment.
- Last pay stub(s) from former employer
- Verification of retirement or medical disability

**Divorce or Separation of student or student's parents**

Date of Divorce or Separation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of parent student lives with? \_\_\_\_\_

Indicate weekly amount of support received by this parent:

Child Support (for all children): \$ \_\_\_\_\_ Alimony: \$ \_\_\_\_\_ Household Support: \$ \_\_\_\_\_

Documentation Requirements:

- Divorce decree or legal separation document
- If legal papers are not available, submit verification of differing addresses. This may be driver's licenses, utility bills, signed lease, employer verification, car insurance bill, etc.

**Death of parent or spouse**

Name of deceased person: \_\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Social Security Benefits began: \_\_\_\_\_ Monthly amount for all family members: \$ \_\_\_\_\_

Documentation Requirements:

- Death certificate, obituary notice or bill from funeral home

**Loss of Untaxed Income or Benefits: social security, child support, pension, etc.**

Person who lost benefits: \_\_\_\_\_ Type of benefits lost: \_\_\_\_\_

Date benefits lost: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total received **20**\_\_\_\_: \$ \_\_\_\_\_ Total received in **20**\_\_\_\_: \$ \_\_\_\_\_

Documentation Requirements: Statement from agency which terminated benefits.

**Student Loss of FULL-TIME Work** (Student worked at least 35 hours a week for at least 30 weeks in 20\_\_\_\_, but is no longer working full-time).

Applicant is currently working part-time or unemployed.  
Reason for change in employment status: \_\_\_\_\_  
If working part-time, what are the expected wages for 20\_\_\_\_? \$\_\_\_\_\_ If unemployed, please answer all questions in the Unemployment section above.

**Note that the following conditions will NOT be considered:**

- Parent and/or step-parent unwilling to provide information on a financial aid application and/or to assist in paying for college.
- Unusual expenses related to consumer debt, such as, credit card debt, car or insurance payments, mortgages, income or real estate taxes.
- Families with prior Special Conditions who underestimated their income
- Reductions in pay due to voluntary overtime
- Bankruptcy proceedings