

2024-2025 INDEPENDENT CONSIDERATION OF SPECIAL CIRCUMSTANCES

Student Name: _____ **Student ID#** _____

Complete this form only if you have already completed the 2024-2025 FAFSA (Free Application for Federal Student Aid). Please submit photocopies, as these documents will not be returned to you.

All types of special circumstances must complete steps 1-3 and supply acceptable documentation.

1. Please attach a detailed letter explaining your special circumstance.
2. Provide your and your spouse's (if applicable) 2022 **IRS tax return**. (See page 4 for instructions)
3. Complete Section A-E and the signature section at the end.

PLEASE NOTE: Not all circumstances will result in an adjustment of aid. The Special Circumstance Committee ensures that federal, state, and institutional policies and regulations are upheld.

Types of Special Circumstances:

Below are some of the types of special circumstances that we can review. Please attach all required documents and submit to the Office of Financial Aid at the above address.

Circumstance	Acceptable Documentation
Paid Medical/Dental expenses not covered by insurance	<ul style="list-style-type: none"> • IRS Form 1040, Schedule A Or • Copies of cancelled checks or statements indicating amount PAID.
Reduction in income due to involuntary unemployment	<ul style="list-style-type: none"> • Complete the 2024 Student or Spouse Expected Income section of this document. And • Letter from employer indicating last date of employment And • Final pay stub And • Spouse's most recent W-2 (if applicable) And • Copy of Determination of Benefits Rights letter for unemployment
Loss of non-taxable income, such as Child Support or Worker's Compensation	<ul style="list-style-type: none"> • Official statement of benefits with termination date
Divorce, separation, or death of spouse Date of Divorce/Separation: _____	<ul style="list-style-type: none"> • Divorce or legal separation agreement • 2022 W2 forms • Death Certificate
Private Elementary/Secondary Tuition Expenses	<ul style="list-style-type: none"> • Copy of the tuition bill for the 2024-2025 academic year
Unusual one time income change such as inheritance, capital gain, or catastrophic expense	<ul style="list-style-type: none"> • Statement indicating the nature of this occurrence
Spouse enrolled at least half time in college	<ul style="list-style-type: none"> • Copy of registration statement for 2024-2025

A. Family Information- List the people in your household, please include:

- Yourself
- Your spouse (if applicable)
- Your children, if you will provide more than half of their support from July 1, 2024 through June 30, 2025
- Any other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2024 through June 30, 2025

Full Name	Age	Relationship	College Name (for any household member attending at least half-time between 7/1/24 and 6/30/25, and will be enrolled in a degree, diploma, or certificate program)
Example: Mark Jones	30	Spouse	Edgewood College
		Self	

B. EXPECTED 2024 INCOME (January 1, 2024 – December 31, 2024)- Complete ONLY if you are appealing due to loss of income and ONLY for the individual affected.

Affected person(s):

Name of individual(s) whose income has significantly changed _____

1. In the spaces below, the affected person will need to itemize their actual and/or estimated total monthly gross income (before deductions) from work. If they will not have any income from work please fill in blank(s) with a zero (0).
2. If the affected person will be receiving any of these benefits below, please indicate the amounts per month and total all columns that have monthly amounts reported.

Monthly gross income from work (before deductions)

Please Check:

- Student
- Spouse

Jan 2024	\$	
Feb 2024	\$	
Mar 2024	\$	
Apr 2024	\$	
May 2024	\$	
June 2024	\$	
July 2024	\$	
Aug 2024	\$	
Sept 2024	\$	
Oct 2024	\$	
Nov 2024	\$	
Dec 2024	\$	
Total		

Monthly income from benefits

Please Check:

- Unemployment benefit
- Worker's compensation
- Child support received
(for all family members)

Jan 2024	\$	
Feb 2024	\$	
Mar 2024	\$	
Apr 2024	\$	
May 2024	\$	
June 2024	\$	
July 2024	\$	
Aug 2024	\$	
Sept 2024	\$	
Oct 2024	\$	
Nov 2024	\$	
Dec 2024	\$	
Total		

All of the following are required:

- A detailed letter explaining your special circumstances
- Your and your spouse's (if applicable) 2022 IRS tax return - copies of the federal tax forms are not acceptable
- Acceptable documentation to support your special circumstance
- A completed and signed copy of this form

My signature below certifies that all information on this request and attachments is true, accurate and complete to the best of my knowledge. I understand that approval of this request is contingent upon the accuracy of the information submitted on the FAFSA.

Student signature: _____ Date: _____

After all required documents have been received, the student will be notified of the outcome via Edgewood email within 2 weeks. If you would like the results copied to an additional email address, please provide the address below.

Additional email: _____

Submit Materials to:
Financial Aid/Edgewood Central
1000 Edgewood College Dr.
Madison, WI 53711

Fax: 608-663-3495
Scan & Email: ecentral@edgewood.edu