## 2026-2027

## **SPECIAL CIRCUMSTANCES**

## (DEPENDENT STUDENT)

Student Name:	SMUMN ID:
Parent Name(s):	
Parent Email Address:	
Parent Daytime Phone Number:	
STEP 1: DOCUMENTATION	
documentation will delay processing. If you have already su	your reason for filing this request. Failure to submit required ubmitted these forms to our office, they do not have to be FAFSA does not exempt you from submitting the documentation
☐ Letter or email explaining the special circumstan	ces situation and the outcome you are hoping for with this appeal.
$\square$ Documentation listed below that best fits your c	ircumstance.
□ LOSS OF EMPLOYMENT/REDUCED WAGES  Parents (all contributors) wages in 2025 or 2026 are at least 10% less than in 2024 due to loss of job (after a minimum of 6 weeks), change in employment, or reduction in hours or pay. Please provide all applicable documents.	□ MARITAL SEPARATION/DIVORCE  Parents must live in separate residences.  □ Documentation of separation, divorce, or verification of separate residences  □ Documentation of child support, family
☐ 2025 or 2026 signed (if filed and available)  Federal Tax Returns, including all pages, schedules, and W2s	support, or maintenance support; include support that is received or anticipated
☐ Most recent check stub(s) from previous/ current employer for parent(s) listed on the FAFSA	☐ WIDOWED PARENT
☐ Parent(s) estimated 2026 earnings:	If a parent has passed since filing their 2024 taxes.
Parent 1: \$	☐ Documentation of death
Parent 2: \$	☐ Documentation of year-to-date
☐ Letter from previous employer stating last date of employment	earnings for deceased parent
☐ Severance information, if applicable	
☐ Individuals with self-employment, or other non-W2 income from the tax return,	



need to document their financial changes

in the special circumstance letter

□ ню	GH MEDICAL/DENTAL EXPENSES	☐ ONE-TIME INCOME (*Imported from IRS on FAFSA)
expens employ flexible	e expenses are limited to medical and dental ses not reimbursed through insurance or yer-sponsored plans (HRA, HAS, health care expending accounts, etc.). As a general rule, expenses would need to exceed \$3,500 before	Provide documentation (if available), or an explanation and dollar amount, of any one-time income received and what was done with that income
	vould have the potential to impact a financial aid	
award		☐ PRIVATE ELEMENTARY/SECONDARY TUITION
	If medical expenses were incurred in	(*Imported from IRS on FAFSA)
	2024, submit a copy of Schedule A, along with pages 1 and 2 from 2024 Federal Tax Return.	☐ Submit tuition statement or letter from the school indicating tuition charges minus financial aid and/or discounts for
	If medical expenses were incurred in 2025, submit a copy of Schedule A, along with pages 1 and 2 from 2025 Federal Tax	child(ren) at that school
	Return.	☐ LOSS OF BUSINESS OR FARM DUE TO
	If expenses were not claimed on Schedule A,	BANKRUPTCY OR FORECLOSURE
	submit a listing of eligible expenses (including receipts paid) you paid out-of-pocket for in 2024 and/or 2025.	Provide documentation detailing the date of loss, including business/farm assets
_	HER UNUSUAL EXPENSES	□ LOSS OF SOCIAL SECURITY AND/OR CHILD SUPPORT RECEIVED (*Imported from IRS on FAFSA)
	Provide explanation and documentation of expense(s)	☐ Amount received in:
Ехатр	oles of eligible expenses: Dependent care,	2024 \$
elderly care, funeral expenses, legal expenses, etc.		2025 \$
	mer debt is not eligible for consideration under	2026 \$ (estimated for year)
specia	l circumstances.	(estimated for year)
weeks aı		pe submitted as soon as possible. Reviews can take up to four ents to aid if a student is not actively enrolled/attending classes
		m this Coint Man 2s University of Misses t-
	ng below, you certify that the information provided on Financial Circumstances form is complete and accura	
Student S	Signature:	Date:
Parent Si	gnature:	Date:

Return this completed form along with all necessary documentation to:

Saint Mary's University of Minnesota

Financial Aid Office 700 Terrace Heights #5 Winona, MN 55987

Fax: 507-457-6997

Email: financialaid@smumn.edu