



WESTMINSTER COLLEGE

## WESTMINSTER COLLEGE FINANCIAL AID OFFICE 2026– 2027 SPECIAL CIRCUMSTANCE FORM

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

When completing The Free Application for Federal Student Aid (FAFSA) for the 2026 – 2027 academic year, a family is asked to provide actual 2024 taxable and non-taxable income. A family, who expects its 2026 income to be **considerably** less than was reported on the FAFSA for 2024, should complete the form below and submit it to the Westminster College Financial Aid Office along with a **letter of explanation and appropriate documentation that supports the special circumstance**. Please note: *Special Circumstance Forms submitted without required supporting documentation and letters of explanation will not be considered. Submittal of a Special Circumstance Form does not guarantee that the student’s financial aid will be adjusted. Please include copies of your family’s 2024 Federal Tax Return and W-2 forms and your family’s 2025 Federal Tax Return and W-2 forms once completed.*

### Section A I am filing a Special Circumstance Form as a result of:

<p><b>Loss of Employment</b> Check Family Member/Last date of employment:</p> <p><input type="checkbox"/> Parent _____</p> <p><input type="checkbox"/> Student _____</p> <p><input type="checkbox"/> Spouse _____</p>	<p><b>Required documentation</b></p> <ul style="list-style-type: none"> <li>■ Letter of explanation from student/parent</li> <li>■ Copy of last pay stub for each job held</li> <li>■ Proof of unemployment compensation benefits</li> <li>■ Report severance pay</li> </ul>
<p><b>Substantial Reduction of Income from Work</b></p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Spouse</p>	<p><b>Required documentation</b></p> <ul style="list-style-type: none"> <li>■ Letter of explanation from student/parent</li> <li>■ Copy of most recent pay stub showing income</li> </ul> <p>Note: <i>Loss of overtime will not be considered</i></p>
<p><b>Reduction in/or Loss of Benefit</b> (e.g., Unemployment, Worker’s Comp., Disability, Child Support, TANF)</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Spouse _____ Date _____</p>	<p><b>Required documentation</b></p> <ul style="list-style-type: none"> <li>■ Letter of explanation from student/parent</li> <li>■ Notice of cancellation of benefits/income</li> <li>■ Loss of child support explanation letter should include how many children in the household will continue to receive child support and the amount that will be received each month</li> </ul>
<p><b>Family Loss</b>      <b>Date of death</b></p> <p><input type="checkbox"/> Parent _____</p> <p><input type="checkbox"/> Spouse _____</p>	<p><b>Required documentation</b></p> <ul style="list-style-type: none"> <li>■ Letter of explanation from student/parent</li> <li>■ Copy of death certificate</li> </ul>
<p><b>Divorce/Separation</b></p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Student _____ Date _____</p>	<p><b>Required documentation</b></p> <ul style="list-style-type: none"> <li>■ Letter of explanation from student/parent</li> <li>■ List of current household members</li> <li>■ Documentation of separate households (i.e.: copies of bank statements, driver’s licenses, utility bills, leases, etc.)</li> <li>■ Amount of child or spousal support received and when payments began or are expected to begin</li> </ul>
<p><b>One-time lump sum payment</b></p> <p>\$ _____</p>	<p><b>Required documentation</b></p> <ul style="list-style-type: none"> <li>■ Letter of explanation from student/parent</li> <li>■ Documentation that identifies the source, amount and reason of the one-time income</li> <li>■ Documentation supporting how the funds were spent or invested</li> </ul>

**Section B** Please complete all applicable fields.

**EXPECTED ANNUAL INCOME FROM JAN 1, 2026 UNTIL DEC 31, 2026**

Income Source	Parent/Contributor 1	Parent/Contributor 2	Student	Spouse
Income Earned from Work	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
TANF and/or AFDC	\$	\$	\$	\$
Child support received	\$	\$	\$	\$
Veteran's benefits	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Disability benefits	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
<b>Total 2026 Annual Income:</b>	\$	\$	\$	\$

**Section C** Certification requesting special circumstance consideration:

The information provided on this form and supporting documents is true and complete to the best of my knowledge. I agree to provide additional documentation, if requested\*. I understand that if at any time the estimates of the 2026 income that I submit on this form change, I will contact the Financial Aid Office as soon as possible regarding the change. I understand that Special Circumstance Forms submitted without required supporting documentation and letters of explanation will not be considered. I also understand that submittal of a Special Circumstance Form does not guarantee that the financial aid will be adjusted. **I further understand that I will be required to submit copies of the 2026 Federal Income Tax returns to Westminster College as final documentation of the special circumstance.**

\_\_\_\_\_ (Required) I have included copies of my family's 2024 Federal Tax Return and W-2 forms.

\_\_\_\_\_ (Required) I have included copies of my family's 2025 Federal Tax Return and W-2 forms

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

During the review, we may find that we need additional documentation or information.

Please provide information about the best way for us to contact you.

Phone/Email and best time(s): \_\_\_\_\_

Please return this form with ALL supporting documentation:

**By Mail:**

**Westminster College  
Attn: Financial Aid Office  
319 S. Market St.  
New Wilmington, PA 16172-0001**

**OR**

**By Fax: 724-946-6171**

**Telephone: 724-946-7102**

**Email: [finaid@westminster.edu](mailto:finaid@westminster.edu)**