|  |
| --- |
| **2024-2025 Special Circumstance Application - Independent Students** |

**Student’s Last Name:­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Augsburg ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Augsburg E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Submit your 2024-2025 FAFSA to Augsburg.**
2. **Check the appropriate box(es) below and provide additional documents as requested.**
3. **Attach a written statement explaining your special circumstance in detail.**

**\*Additional documentation may be necessary. Families will be notified via e-mail if this is the case. Please email** [**studentfinances@augsburg.edu**](mailto:studentfinances@augsburg.edu) **with any questions about this application or the documentation requested.**

|  |
| --- |
| **My 2022 federal tax information does not accurately reflect my current financial situation:** |

* **The amount of child support I receive has decreased since 2022.**
  + *Include a written statement regarding how much was received monthly and the date that the support stopped. Also include an annual amount received for additional children.*
* **I paid significant\* medical bills in either 2022, 2023, or 2024 that were not covered by insurance.**

***\*Significant medical payments must be in excess of 3.5% of AGI.***

* + *Provide an itemized account of the out of pocket payments made toward medical costs.*
  + *If you itemized deductions on your 1040 tax form, include a copy of your federal 1040 Schedule A for the applicable year.*
* **Student or spouse is unemployed and has been for at least 8 weeks.**

Name of dislocated worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of job loss: / / .

Weekly unemployment compensation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + *Based on the calendar year(s) impacted, provide signed copy of 2022 and/or 2023 1040 form.*
  + *Provide 2022/2023 W-2s for student and spouse and the most recent paystubs (including final paystub for person who lost their job).*
  + *Provide severance package documentation.*
  + *Provide documentation showing unemployment compensation.*
  + *Provide documentation relating to any other income received to compensate unemployment (withdrawal from retirement funding, part-time work, contract work, etc.)*
* **During 2022, I had a one-time additional source of taxable income.**
  + *Provide a signed copy of your 2022 federal 1040 tax return (first two pages) and any related schedules.*
  + *Provide a written statement about where the additional income is reflected on your 2022 tax form, the source of the additional income, and what the money was used for.*
* **Student or spouse has had a reduction in earnings since 2022.**
  + *Provide signed copies of both the 2022 and 2023 1040 federal tax returns.*
  + *Provide 2022 and 2023 W-2s for student (and spouse) and the most recent paystub(s).*
  + *Provide an explanation about change in earnings.*

|  |
| --- |
| **My FAFSA does not reflect my family situation:** |

* **There has been a change to my household size since I filed my 2024-2025 FAFSA.**
  + ***Separation, divorce, or death of a family member.***
    - *Please provide a copy of all 2022 W-2(s).*
    - *Please provide legal documentation (legal separation, divorce decree, or death certificate).*
    - *Please provide documentation if you will be paying or receiving spousal and/or child support.*
    - *Complete Table A below.*
  + ***Adoption, birth, or fully supporting additional family members.***
    - *Complete Table A below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **TABLE A** | **Change in household size** | | |
| Please complete this table if your household size has changed since you filed the 2024-2025 FAFSA | | | |
| **People in household\*** | | **Relationship** | **Name of college, if attending** |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |

\*Household members include:

* The student (and spouse),
* The student’s dependent children (even if they live apart due to college enrollment), and other people living with the student now. Include these dependent children and other people only if the student will provide more than half of their support between July 1, 2024, and June 30, 2025.

|  |
| --- |
| **Other extenuating circumstances not captured on the FAFSA or on the questions above:** |

* **Please attach a narrative explaining your circumstances and provide any relevant supporting documentation.**

|  |
| --- |
| **Signature \*\*\*** By signing this form you certify that all information reported is complete and correct. \*\*\* |

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

***Please make sure you have completed the following steps. Incomplete or unsigned forms will not be evaluated.***

1. **Submit your FAFSA to Augsburg.**
2. **Check the appropriate box above and provide additional documents as requested.**
3. **Attach a written statement explaining your special circumstance in detail.**