

Occasionally, unusual circumstances exist that may warrant reconsideration of financial aid eligibility. These special circumstances may be either changes that have occurred in your family circumstances since you filed the Free Application for Federal Student Aid (FAFSA) or unusual family circumstances not accounted for on the FAFSA. On the following pages we have listed the circumstances that most commonly qualify a student to file a Special Circumstances request. Select as many circumstances that fit your current situation.

The Free Application for Federal Student Aid (FAFSA) for 2025-2026 required you to report actual income information from **2024**. If your family circumstances have substantially changed since then, reducing your ability to contribute to your educational expenses, you can request a review of your special circumstances.

To Qualify for a Special Circumstances Review, You Must:

- Write a letter explaining your particular situation
- Choose one or more of the situations outlined on the following pages
- Complete all pages of this form
- Provide all requested documentation

If your circumstance(s) does NOT fit into one of the options, you may still file the Special Circumstances Form. Please attach a letter explaining your situation as well as any supporting documentation.

Please note: Filing this appeal does not guarantee additional financial aid. Some appeals may only result in the student receiving the maximum in subsidized loan eligibility and/or Pell grant eligibility. Please allow 3-4 weeks for processing. Additional supporting documentation may be requested before any decision can be made.

Student Name: _____ Student ID Number: A _____

Phone Number: _____ E-mail: _____

By signing this worksheet, I certify that all of the information reported to qualify for federal student aid is complete and correct. All attachments and supporting documents are true to the best of our knowledge. I further understand that purposely giving false or misleading information may result in a fine, jail terms, or both. I understand that there is no guarantee that any additional aid may be awarded as a result of this request.

Student Signature: _____ Date: _____

Please return your completed form to the LSSU Financial Aid Office by fax, U.S. mail, or in person. Be sure to include your name and ID Number on all pages. Missing information may delay processing.

Internal use ONLY Reviewed: _____ Scanned: _____ EVALFI-SC1

Loss of Income

Reduction or loss of income from work must be for at least ten (10) weeks or sufficient documentation of change and new employment.

Student

Date of layoff/termination: _____

Spouse

Date of layoff/termination: _____

• Has the student started another job? No Yes If yes, give start date: _____

• Has the spouse started another job? No Yes If yes, give start date: _____

Documentation Required:

- A letter from employer verifying loss of employment including effective date
- A copy of the last pay statement showing gross year-to-date income for **all** jobs worked for **both** student and/or spouse
**If more than one employer per student and/or spouse, please include start/end dates in written statement.*
- Documentation of unemployment benefits from state agency
- Documentation of severance pay received, or IRA's, stocks, bonds, pensions, etc. converted to cash.

Loss of Child Support

Name of Child: _____ Amount received in 2026: \$ _____ Date support ended: _____

Name of Child: _____ Amount received in 2026: \$ _____ Date support ended: _____

Documentation Required:

- A copy of legal separation/divorce papers that specifies amount of child support
- Statement from the Friend of the Court documenting amount of child support

Separation or Divorce since 2024

Please note that you must be residing in separate households and provide documentation.

Date of separation/divorce: _____

Documentation Required:

- A copy of student's most recent pay statement; and
- A copy of legal separation/divorce papers; and
- Documentation of spousal support and/or child support.

Death of a Spouse since 2024

Date of death: _____

Documentation Required:

- A copy of the death certificate; and
- Describe survivor benefits that are to be received including amounts and payment terms; and
- Student's 2025 income information.

Medical or Dental Expenses paid by you in 2024, 2025, and/or 2026

Please select the year you wish to claim: 2024 2025 2026

Documentation Required:

- Submit a copy of Schedule A – itemized Deductions from your federal tax return; or
- Submit copies of supporting documents as proof of out of pocket payments.

Additional Information:

- Do **not** include payments covered by insurance or other resources.
- **Please note:** we cannot take into consideration payments made by insurance, unpaid invoice, handwritten confirmations of payments, or explanations of benefits or account statements.

Receipt of One-Time Income

Consideration for and one-time income may only be reviewed once during a student’s enrollment at LSSU.

Documentation Required:

- A signed copy of your 2024 Federal Tax Return and/or 1099 form
- Written statement explaining reason for early withdrawal

Other Circumstances not addressed in the above categories**Documentation Required:**

- Submit a statement that explains changes in your financial and/or family situation. If appropriate, please provide supporting documentation

Please list the names and ages of all the members of your household* during the 2026-2027 academic year. Also, please indicate which family members will be enrolled at college at last half-time (6+ credits) during 2026-2027 and which institution they are planning to attend.

*The term “Household” is defined as follows:

The household includes yourself (and if married, your spouse), your children (even if they do not live with you) who will receive more than half of their support from you, and other people (not your children or your spouse) who live with you and receive more than half of their support from you, and will continue to receive more than half their support from you between July 1, 2026 through June 30, 2027. You may include unborn children if they will be born during the school year.

Name	Age	Relationship	Name of College
		Self	LSSU

Expected Total Income and Benefits

Use this form to document special circumstance for your household incomes received to date and to provide your best faith estimate of **all** sources of income for 2026. Please enter **zero** to indicate you do not have any types of taxable or untaxed income to report.

All sources of income for 2026	Year to Date 1/1/2026- Today	Estimated Today– 12/31/2026
Student Total Wages, Salaries, Tips	\$ _____	\$ _____
Spouse Total Wages, Salaries, Tips	\$ _____	\$ _____
Other Taxable Income: _____	\$ _____	\$ _____
Other Taxable Income: _____	\$ _____	\$ _____
Other Untaxed Income: _____	\$ _____	\$ _____
Other Untaxed Income: _____	\$ _____	\$ _____
REQUIRED	Student & Spouse (if applicable)	
As of today, what is your (and your spouse’s) total current balance of cash, savings, and checking accounts?	\$ _____	\$ _____
As of today, what is the net worth of your (and your spouse’s) investments, including real estate? Don’t include the home in which your parents live. Net worth mean current market value minus debt.	\$ _____	\$ _____
As of today, what is the net worth of your (and your spouse’s) current business and/or investment farms? Don’t include a family farm or family business with 100 or fewer full-time or full-time equivalent employees.	\$ _____	\$ _____

Examples of **taxable** income: Unemployment compensation, taxable portion of Social Security benefits, severance pay, interest income, dividends, capital gains, alimony, pensions, annuities, IRS’s, rents, royalties, partnerships, estates, trusts, life insurance payments, early withdrawal from 401k.

Examples of **untaxed** income: Child support received for all children, worker’s compensation, veteran’s death benefits, disability, living allowances (housing, food, pensions, annuities, etc.) for military/clergy/other.

OFFICE USE ONLY		<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> More Info. Req'd.
_____ Director’s Signature	_____ Date	

RETURN FORMS TO:
 Lake Superior State University
 Financial Aid Office
 650 West Easterday Avenue
 Sault Ste. Marie, MI 49783-1699
 Fax: 906-635-6669
 Email: finaid@lssu.edu