

You must complete the 2026-2027 FAFSA at [www.fafsa.gov](http://www.fafsa.gov) before completing the Special Circumstances Form. Changes made by the Office of Financial Aid Services based on special circumstances may or may not increase your grants and/or scholarships. This form is used to re-evaluate your eligibility for 2026-2027 financial aid. We will act on your request for a re-evaluation only after receiving supporting documentation that confirms your circumstance(s). Please be aware that a re-evaluation does not guarantee an increase in your financial assistance. An increase depends on the availability of funds and demonstrated financial need.

**Please Note:**

- Appeals submitted without sufficient supporting documentation will be denied **without an option to resubmit an appeal**.
- Do not include original documents. They will *not* be returned. Be sure that all copies are legible.

SPECIAL CONDITION (Please check one)	For a Dependent Student	For an Independent Student	REQUIRED DOCUMENTATION (ALL DOCUMENTS MUST BE SIGNED)
<input type="checkbox"/> <b>Loss of Employment</b>  Minimum 20% reduction of 2024 income	Your and/or your parent(s) income earned in 2026 is estimated to be less than what was earned in 2024.	Your (and/or your spouse's) income earned in 2026 is estimated to be less than what was earned in 2024.	Complete copies of: <ul style="list-style-type: none"> <li>• <b>Typed or written explanation of Special Circumstance;</b></li> <li>• Student/Parent/Spouse's 2024 IRS Tax Transcripts</li> <li>• Minimum of 2 past pay stub(s) that reflect the most current monthly income or other similar documentation from all employers showing <b>current</b> year-to-date earnings for student/parent/spouse</li> <li>• Termination notice from previous employer;</li> <li>• Unemployment Award letter or statement of denial of benefits;</li> <li>• Unemployment should be Involuntary.</li> </ul>
<input type="checkbox"/> <b>Other Loss of Income</b>  Child Support Retirement/Military Discharge Disability payments Worker's Comp Other untaxed income	You and/or your parent(s) received benefits in 2024 that ceased or were reduced in 2025 and/or 2026.	You (and/or your spouse) received benefits in 2022 that have ceased or been reduced in 2025 and/or 2026.	Complete copies of: <ul style="list-style-type: none"> <li>• <b>Typed or Written explanation of Special Circumstance;</b></li> <li>• Minimum of 2 past pay stubs or other similar documentation from all employers showing <b>current</b> year-to-date earnings for student/parent/spouse;</li> <li>• Student/Parent/Spouse's 2024 IRS Tax Transcripts</li> <li>• Documentation of the termination or reduction of benefits from the benefit provider and the date of change;</li> <li>• DD214, Verification of taxable Social Security Benefits, if applicable, Verification of retirement benefits if applicable.</li> </ul>
<input type="checkbox"/> <b>Separation or Divorce</b>	Your parents separated or divorced AFTER filing the FAFSA but no later than 12/31/2025.	You and your spouse separated or divorced AFTER filing the FAFSA, but no later than 12/31/2025.	Complete copies of: <ul style="list-style-type: none"> <li>• <b>Typed or Written explanation of Special Circumstance;</b></li> <li>• Student/Parent/Spouse's 2022 IRS Tax Transcripts;</li> <li>• W-2 Wage Transcripts for Parent/Spouse for 2024</li> <li>• Copy of legal separation agreement, divorce decree, court documents, or a signed letter from a Third-Party Professional (attorney, clergy, counselor, etc.) on letterhead stating date of separation, or other documentation such as lease agreements or utility bills documenting the existence of two separate residences.</li> </ul>
<input type="checkbox"/> <b>Death of a Parent or Spouse</b>	A parent has died AFTER filing the FAFSA	Your spouse died AFTER filing the FAFSA	Complete copies of: <ul style="list-style-type: none"> <li>• <b>Typed or Written explanation of Special Circumstance</b></li> <li>• Student/Parent/Spouse's 2024 IRS Tax Transcripts</li> <li>• W-2 Wage Transcripts for Parent/Spouse for 2024</li> <li>• Copy of death certificate</li> </ul>

- State College of Florida, Office of Financial Aid Services • 5840 26<sup>th</sup> Street West, Bradenton, FL 34207
- (Phone) 941.752.5037 • (Fax) 941.727.6179 • Email: [AskFinAid@SCF.edu](mailto:AskFinAid@SCF.edu) • Web: [www.SCF.edu](http://www.SCF.edu)

State College of Florida, Manatee-Sarasota does not discriminate based on sex, race, religion, age, national origin/ethnicity, color, marital status, disability, genetic information and sexual orientation in any of its educational programs, services or activities, including admission and employment. Direct inquiries regarding nondiscrimination policies to: Equity Officer, 941-752-5323, PO Box 1849, Bradenton, FL 34206

<input type="checkbox"/> <b>One Time Payment Received</b>	Your parents received a one-time lump sum payment of money in 2024.	You (and your spouse) received a one-time lump sum payment of money in 2024.	Complete copies of: <ul style="list-style-type: none"> <li><b>Typed or written explanation of Special Circumstance;</b></li> <li>Copy of 1099-R or other legal documentation, Documents; detailing One Time Payment amount, source, reason</li> <li>Cannot be used for living expenses; must provide roll-over documents.</li> </ul>
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**A. Student Information**

\_\_\_\_\_ G00 \_\_\_\_\_  
 Last Name                                      First Name                                      M.I.                                      Student ID #  
 \_\_\_\_\_  
 Mailing Address (Including City, State and Zip)                                      Phone

**B. Projected Income and Benefits Information**

You are **required** to provide your received and/or expected income for all categories listed below. If no income is received and/or expected for a category, use "\$0" or "N/A" - **do not leave any blanks. Please indicate whether the amount entered is monthly or annually.** In addition to the required documentation listed on page 1, **you must submit proof of all income figures provided below** (e.g., for wages, supply a copy of your most recent pay stub).

Source of Income	Father/Stepfather	Mother/Stepmother	Student	Student's Spouse
Wages, Tips, Salary	\$	\$	\$	\$
Pensions and/or Annuities	\$	\$	\$	\$
Interest and/or Dividend Income	\$	\$	\$	\$
Welfare Benefits	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$
Retirement Benefits	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
In Kind Support paid by _____	\$	\$	\$	\$
Social Security Benefits (taxable)	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Any untaxed Income (Child Support, VA benefits, deductible IRA/Keough, SS benefits, etc.)	\$	\$	\$	\$
<b>TOTAL OF ALL INCOME</b>	\$	\$	\$	\$

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### C. One Time Payment Amount in 2024

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If your appeal is for a one-time payment received in 2024, please enter the amount below. Please provide roll-over documentation regarding the one-time payment.

Source of Income	Father/Stepfather	Mother/Stepmother	Student	Spouse
Amount of One-Time Payment received in 2024	\$	\$	\$	\$

### D. Student Authorization

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\_\_\_\_\_ I understand appeals submitted without sufficient supporting documentation will be **denied without an option to**  
(initial) resubmit **an appeal**.

\_\_\_\_\_ I have reviewed my Appeal Form and supporting documents. I certify they are complete and accurate.  
(initial)

### E. Certification and Signature

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I certify that all information provided is true and correct to the best of my knowledge. I have included all pertinent documentation and understand that if my petition is incomplete, it will be denied. I further understand that all decisions are final and cannot be appealed.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (If student is dependent)

\_\_\_\_\_  
Date

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.**

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**FOR OFFICE USE ONLY**

**Special Circumstances Checklist**  
**Must be completed before sent for processing**

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**\*\*\*If the student has a low standard SAI DO NOT accept special conditions\*\*\***

- FAFSA on file
- Petition is signed and dated
- Signed statement is included
- Page 1 of the request has been checked, and all requirements are attached
- Requirement added to RRAAREQ as pending

**\*\*\*All documents must be included when you accept this from the student. If you accept a petition that has incorrect or missing information, it will be returned to you, and you will be responsible for contacting the student to get the documents.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Decision:**

Approved

Denied

Comments: \_\_\_\_\_

\_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_