



2027-2028 SPECIAL CIRCUMSTANCE FORM

Carroll College, Financial Aid Office

When you completed the 2027-2028 Free Application for Federal Student Aid (FAFSA), it provided us your financial situation at the time you completed the form. We know that sometimes there are special circumstances that are not reflected on the FAFSA. When appropriate and sufficient documentation is provided, it may be possible to take these circumstances into account through a process called Professional Judgement (PJ). Be aware that a PJ is performed at the discretion of each institution and does not guarantee an increase in financial aid.

Supply the following items for ALL requests:

A completed 2027-2028 Special Circumstance Form

A detailed, but concise narrative of the circumstances leading to the request (who, why, when)

Signed 2026 AND 2025 **tax return transcript or tax return** for your parent(s) and/or yourself. You can request a tax return transcript online at www.irs.gov or by calling 1-800-908-9946.

Copies of you and your parent's (if dependent) 2026 AND 2025 W-2's and schedules C and/or F of your Federal Income tax return, if applicable. If independent, include your spouse's forms.

Verification Worksheet (available on-line: <http://www.carroll.edu/finaid/forms.cc>)

Requested documentation pertaining to the specific circumstance (see below)

My 2026 or 2027 income will be significantly lower than my 2025 income reported on the FAFSA due to (check all that apply):

Involuntary reduction in parent, student or spouse employment income for at least 10 weeks in 2026 or 2027. As a general rule, the actual 2026 or projected 2027 Adjusted Gross Income (AGI) should be at least **20% less** than the actual 2025 AGI before submitting documentation.

Documentation Required:

- Your last pay stub
- Statement from previous employer indicating last day of employment
- If receiving unemployment compensation, a copy of your benefits determination

Unusual or excessive **2026 or 2027** medical expenses paid (**not covered by insurance**) that exceeds 10% of the Adjusted Gross Income reported on your 2025 Federal Income Tax Return.

Documentation Required:

- Enclose receipts and detailed listing of expenses already paid out-of-pocket and not reimbursed by insurance from January 2026 through the date of this request (please total all items).
- Schedule A of your 2026 and 2025 1040 tax form

Private tuition expenses at an elementary or secondary school for other children in the household during the **2027-2028** academic year.

Documentation Required:

- Enclose official tuition statement/invoice reflecting actual charges paid/due for the **2027-2028** academic year reflecting financial aid awarded (net charges) along with canceled checks or documentation of tuition payments paid.

Your parents or you and your spouse have become legally separated or divorced after submission of your original FAFSA.

Documentation Required:

- Copy of legal separation order or divorce decree
- Date of separation/divorce: ____/____/____
- Documentation of expected child and/or spousal support payments

Complete loss of non-taxable income, such as Child Support, Worker's Compensation and Veteran's Benefits, for at least 10 weeks in 2026 or 2027.

Documentation Required:

- Written statement from appropriate agency showing loss of benefit and termination date

Your spouse or parent has died after the submission of your original FAFSA.

Documentation Required:

- Copy of death certificate

Atypical one-time taxable earning such as a capital gain, 401K disbursement or moving expenses reflected on a 2025 federal income taxes return.

Documentation Required:

- Statement indicating nature of earnings
- Documentation to show what the funds were used for
- 1099-R or statement showing amount received

Expected 2027 Income

(January 1, 2027- December 31, 2027)

If you checked #1 on the front of this form please complete this income section and include documentation supporting your amounts. Please do your best to give estimates of the items requested below and submit the documentation to support these amounts. If you did not check #1, skip this section and **sign and date the form below.**

2027 Expected Income	Father (for dependent students)	Mother (for dependent students)	Student	Spouse (if student is married)
<u>TAXABLE INCOME</u>				
Income Earned from Work	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Business, Farm or Rental Income	\$	\$	\$	\$
Dividends, Interest, Capital Gains, etc.	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<u>UNTAXED INCOME</u>				
Child Support received	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Disability (not Social Security)	\$	\$	\$	\$
Any other untaxed income (please itemize)	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

We will carefully review your information but remind you that even though results may lower the Student Aid Index (SAI) or raise the cost of attendance, it may not result in additional financial aid.

Make sure you return the following to the Financial Aid Office. Missing items will delay processing:

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A detailed, but concise narrative of the circumstances leading to the request (who, why, when)

Signed 2026 AND 2025 **tax return transcript** for your parent(s) and/or yourself. You can request a tax return transcript online at www.irs.gov or by calling 1-800-908-9946.

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Verification Worksheet (available on-line: <http://www.carroll.edu/finaid/forms.cc>)

Requested documentation pertaining to the specific circumstance (see below)

All of the information provided by me or any other person on this form is true and complete to the best of my knowledge. I understand this request may require further documentation and is subject to the professional judgment of the Carroll College Financial Aid Office staff. Decisions are made on an annual basis and on a case-by-case basis. Any decision is final and applies only to Carroll College. Please note if you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Student Signature: _____ **Date:** ____/____/____

Student's Name _____ **ID #** _____
 LAST **FIRST** **MI**

Daytime/Cell Phone # (____) _____ **Contact e-mail:** _____

If Dependent

Parent Signature: _____ **Date:** ____/____/____