FRANCISCAN
MISSIONARIES OF OUR LADY
UNIVERSITY

2026-2027 Special Consideration Form

Student's Name: _____SID:_____

Cell Phone Number: _____ E-mail address: _____

Instructions: According to federal laws and regulations, a family's 2024 income is used to determine financial need for the 2026-2027 academic year. If a family's 2026 income is lower due to special circumstances, a financial aid administrator may use the 2026 income to determine financial need. Please provide information regarding your reduction in income by completing this form.

Please summarize your circumstances below (attach additional sheet(s) if necessary):

_____
_____
_____
_____

Special Consideration Forms will be reviewed after October 1, 2026 and must be received by December 20, 2026.

SPECIAL CIRCUMSTANCES

Please indicate the reason for you and/or your spouse's and/or parents change in income. Mark all that apply and attach the required documentation.

- **Loss of income from work**. Complete sections A, B, and C.
  Period of unemployment from _____ to _____.

  - ☐ **Layoff.** Provide a letter from employer stating effective date and anticipated return.
  - ☐ **Plant closing**. Provide a letter from employer stating effective date.
  - ☐ **Termination.** Provide a letter from employer stating effective date. If this is not available, provide documentation from local unemployment office.
  - ☐ **Disability.** Date of disability (mm/dd/yy) ____/____/_____. Attach documentation of the disability.
  - ☐ **Quit or reduced employment to attend school.** Provide a letter from employer stating effective date.
  - ☐ **Other.** Please specify and provide appropriate documentation.

- **Loss of taxable income.** Complete sections A, B, and C.
  - ☐ **Alimony.** Provide court document(s) stating termination date of benefit.
  - ☐ **Unemployment.** Provide a letter from the unemployment office stating termination date of benefit.
  - ☐ **Other.** Please specify and provide appropriate documentation.

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- **Loss of untaxed income.** Complete sections A, B, and C.
  - ☐ **Child Support.** Provide a letter or court documentation stating termination of benefits.
  - ☐ **Worker's compensation.** Provide a letter from Bureau of Worker's Compensation stating termination date of benefit.
  - ☐ **Other.** Please specify and provide appropriate documentation.

- **Divorce.** Since applying for financial aid, you/parents have been divorced.
  - Date of divorce _____. Give only your information when completing sections A, B, and C. Attach a copy of the divorce decree and signed Federal Tax forms with W-2's and all tax schedules.

- **Separation.** Since applying for financial aid, you or your parents have become separated.
  - Date of separation _____. Please provide documentation of you and your spouse's or your parent and his/her spouse's current address. Acceptable forms of documentation of an address include any legal paperwork or recent utility bills. Give only your information when completing sections A, B, and C. Attach a copy of your signed Federal Tax forms with W-2's and all tax schedules.

- **One-time income (i.e. inheritance, moving expense allowance, or lump sum payments).**
  - You / your parents must attach a separate sheet that identifies source of income and how funds were spent or invested. Complete sections A, B, and C.

- **Other unusual expenses paid:**
  - **Medical.** You/parent /spouse have paid medical or dental expenses for the 2024 calendar year that are not covered by insurance, and these expenses exceed 11% of your adjusted gross income for 2024. Provide a copy of Schedule A of 2024 federal tax returns or copies of canceled checks and confirmation of the total amount paid by insurance in 2024.

  - **Private school tuition.** You/parent/spouse have paid for private school tuition (elementary or secondary) in the 2026 calendar year for dependents in your family. Provide a letter from the school stating the amount you have paid for tuition in Spring 2026 and Fall 2026 and the name(s) of the student(s) for whom it was paid. *(Not applicable to the applicant.)*

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A. Report all income that has actually been received from January 1, 2026 through today. Then, estimate all income you expect to receive through December 31, 2026. **YOU MUST ATTACH DOCUMENTATION OF ALL INCOME.** Documentation could include recent pay stubs with year-to-date earnings, an estimate of future income, etc.

STUDENT			
INCOME FOR JANUARY 1, 2026 TO DECEMBER 31, 2026	**ACTUAL +** 1/1/26 to Today	**ESTIMATED =** Today to 12/31/26	**TOTAL**
Expected 2026 income earned from work by student (wages, tips, business, etc.)	$	$	$
Expected 2026 income earned from work by spouse (wages, tips, business, etc.)	$	$	$
Other taxable income (pensions, annuities, alimony, unemployment, capital gains, etc.)	$	$	$
Social Security Benefits	$	$	$
Child Support Received	$	$	$
Other untaxed income	$	$	$

PARENT			
INCOME FOR JANUARY 1, 2026 TO DECEMBER 31, 2026	**ACTUAL +** 1/1/26 to Today	**ESTIMATED =** Today to 12/31/26	**TOTAL**
Expected 2026 income earned from work by parent (wages, tips, business, etc.)	$	$	$
Expected 2026 income earned from work by spouse (wages, tips, business, etc.)	$	$	$
Other taxable income (pensions, annuities, alimony, unemployment, capital gains, etc.)	$	$	$
Social Security Benefits	$	$	$
Child Support Received	$	$	$
Other untaxed income	$	$	$

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B. Household information:

Name	Relationship to student	Name of college/university
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

(If you need additional space to list family members, use the back of this page.)

C. Certification:

I certify that the information provided above is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this form if asked by the Office of Financial Aid. I also realize that if I do not provide proof when asked, the student will not receive special circumstances consideration.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

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Prior year special circumstances: ❑ Yes ❑ No
Comments: _____
_____

_____ Special Circumstances approved. Action: _____

_____ Special Circumstances denied. Reason: _____

Old SAI _____ New SAI _____

SAR Corrections:

Par Original AGI_____ Adjusted AGI_____ Original FIT_____ Adjusted FIT_____

Stu Original AGI_____ Adjusted AGI_____ Original FIT_____ Adjusted FIT_____

Adjustment for medical expenses:

_____ x 11% = _____ Medical expenses = _____
(total income) *(A)* *(B)*

(B) – (A) = _____ _____ - (C) = _____
(C) *(total income)* *(adjusted AGI)*

Adjustment for Private school tuition: _____ - _____ = _____
AGI *Tuition paid* *Adjusted AGI*

FAA Signature: _____ Date: _____