



2026-2027 Special Circumstance Form

Student Information

_____	_____	_____	_____
Last name	First name	M.I.	Student ID# or Last Four Digits of SSN
_____			_____
Email address			Student Cell Phone #

This form is to assist you with requesting a review of your financial aid eligibility because of changes in financial circumstances not addressed on your original financial aid application. This change limits the ability of you and/or your spouse/parents to contribute toward your 2026-2027 educational expenses. Complete and return this form to the Financial Aid Office if you, your spouse, or a parent has incurred an unusual expense or special circumstance. *Please note that the submission of this form does not guarantee a favorable change in your financial aid offer.*

Who incurred the unusual expense or circumstance?
 Student ___ Spouse ___ Father/Stepfather ___ Mother/Stepmother ___

Indicate the amount of additional funding you are requesting: \$ _____

DOCUMENTATION

Supporting documentation that verifies your unusual expense or circumstance must be attached. Forms submitted with incomplete documentation will not be processed. We may ask for additional documentation as well.

Please check off all your unusual circumstances from the list below. See the back page of this form for the required documentation for each circumstance.

- | | |
|--|--|
| <input type="checkbox"/> Childcare expense | <input type="checkbox"/> Housing costs |
| <input type="checkbox"/> Computer purchase | <input type="checkbox"/> Commuting Expense |
| <input type="checkbox"/> Death of a legal parent | <input type="checkbox"/> Separation or Divorce |
| <input type="checkbox"/> Loss of Benefits | <input type="checkbox"/> Liquidation or Foreclosure of asserts |
| <input type="checkbox"/> Loss of Employment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Medical Expenses | |

All the information provided by the undersigned is true and complete to the best of my/our knowledge. I/we further understand that purposely giving false or misleading information to obtain student financial aid may subject me/us to fines and other penalties.

Student signature: _____ Date: _____

Parent or Spouse signature: _____ Date: _____

Return completed appeal to:

- Mailing address: Mayville State University Financial Aid 330 Third St NE Mayville, ND 58257
 - Phone: 1-800-437-4104 Ext 34314 or (701) 788-4314
 - Secure File Drop: <https://sendfiles.ndus.edu/filedrop/MaSU-FinancialAid>

IMPORTANT: All documents (letters of explanation, etc.) must be signed, dated, and reflect the name or last four digits of student SSN. Your appeal will be evaluated at the earliest available date. Please allow a minimum of two to four weeks for processing this form.

Family Information -If you need additional space, please attach a separate page.

Full Name	Age			
<p>Write the names of the people in your/your parent(s)' household in the chart below.</p> <ul style="list-style-type: none"> ✓ Include yourself. <p>FOR DEPENDENT STUDENTS:</p> <ul style="list-style-type: none"> ✓ Include your parent(s). If <i>your parents are divorced</i>, list the parent you lived with the most during the last 12 months. If you did not live with one parent more than the other, indicate the parent who provided more than half of your support during the last twelve months. If <i>your parent is remarried</i>, include your stepparent, even if they do not support you. ✓ Include your children or parent(s)' other children, if your parents <u>provide more than half of their support between July 1, 2026 and June 30, 2027</u> or if the children would be required to provide parental information if they were completing a 2026-2027 FAFSA. ✓ Include other dependents if they now live with your parent(s), and your parent(s) will continue to provide more than half of their support through June 30, 2027. <p>FOR INDEPENDENT STUDENTS</p> <ul style="list-style-type: none"> ✓ Include your spouse if you are married. ✓ Include your children and your spouse's children, if you or your spouse <u>will provide more than half of their support between July 1, 2026, and June 30, 2027</u>, even if they do not live with you. ✓ Include other dependents if they now live with you, you provide more than half of their support and you will continue to provide more than half of their support through June 30, 2027. 	<p>Write the age of each household member in the chart below.</p> <tr style="background-color: #cccccc;"> <th style="text-align: center;">Relationship</th> </tr> <p>Write the relationship of each household member to the student in the chart below.</p> <tr style="background-color: #cccccc;"> <th style="text-align: center;">College</th> </tr> <p>List the name of the college/university for any household member who will be enrolled at least half time (usually 6 or more credits) between July 1, 2026 and June 30, 2027. List only those who are enrolled in a degree, diploma, or certificate program at an eligible post-secondary institution.</p> <p>Include siblings ONLY if they used the same parent as you did when they completed their 2026-2027 FAFSA.</p> <p>Include children ONLY if they used your parental information when they completed their 2026-2027 FAFSA.</p>	Relationship	College	
Relationship				
College				
Full Name	Age	Relationship	Attending College <small>At least half-time</small>	College/University
		SELF	Yes/No	MSU
			Yes/No	
			Yes/No	
			Yes/No	
			Yes/No	
			Yes/No	
			Yes/No	

Required Documentation

Special Circumstance	Documentation
Child Care Expense	Letter Listing <ol style="list-style-type: none"> a. Name and age of dependent(s) b. Hourly rate paid c. Total monthly cost d. Name, phone number & address of provider
Housing Cost	Letter of explanation with a budget per month <ol style="list-style-type: none"> 1. Copy of rental agreement or mortgage payment 2. Copy of most recent monthly utility bills
Computer Purchase	Copy of receipt for purchase of a computer (purchased between Summer 2026 and May 2027)
Commuting Expense	Letter listing: <ol style="list-style-type: none"> a. Number of miles traveled each day b. How many days per week c. Where you are traveling from
Death of a Legal Parent	<ol style="list-style-type: none"> 1. Letter listing: <ol style="list-style-type: none"> a. Relationship of deceased to the student 2. Copy of obituary/death certificate 3. 2024 and 2025 signed Federal Tax Return (Form 1040 & applicable schedules 1-3) & 2024 and 2025 W-2's for both parents.
Separation or Divorce <i>(Must be after Jan 1, 2026)</i>	<ol style="list-style-type: none"> 1. Letter listing: <ol style="list-style-type: none"> a. Letter of explanation 2. Copy of divorce decree or proof of separation 3. 2024 signed Federal Tax Return (Form 1040 & applicable schedules 1-3) & 2024 W-2's for both spouses
Loss of Benefits <i>(Must be after Jan 1, 2026 and benefits lost at least 12 weeks ago)</i>	<ol style="list-style-type: none"> 1. Letter listing: <ol style="list-style-type: none"> a. Whose benefits were terminated b. Amount of benefit(s) received for last two years c. Reason for termination d. Projected income and untaxed income to the end of 2026 or a 2025 signed Federal Tax Return - (IRS Form 1040 & applicable schedules 1-3) & 2025 W-2's 2. Copy of document from provider stating termination of benefits 3. 2024 signed Federal Tax Return (Form 1040 & applicable schedules 1-3 & 2024 W-2's
Liquidation or Foreclosure	<ol style="list-style-type: none"> 1. Letter Listing: <ol style="list-style-type: none"> a. Type of asset liquidated b. Gross sales proceeds c. List of where proceeds were applied 2. Copy of foreclosure notice 3. 2024 signed Federal Tax Return (Form 1040 & applicable schedules 1-3)
Loss of Employment <i>(Unemployed at least 12 weeks with change in employment after Jan 1, 2025)</i>	<ol style="list-style-type: none"> 1. Letter listing: <ol style="list-style-type: none"> a. Who lost employment b. Reason for loss of employment c. Income earned and untaxed income (Worker's Compensation, unemployment benefits, disability Benefits, etc.) to date of termination (per family member) d. Projected income and untaxed income to the end of 2025 or a 2024 Tax Return Transcript or signed 2024 Federal Tax Return (IRS Form 1040 & applicable schedules 1-3) & 2024 W-2's 2. Copy of last pay stub from employer 3. 2024 signed Federal Tax Return (Form 1040 & applicable schedules 1-3 & 2024 W-2's
Medical Expenses	<ol style="list-style-type: none"> 1. Letter listing: <ol style="list-style-type: none"> a. Who incurred the expense(s) 2. List of medical expenses incurred (only bills that are paid or on a payment plan will be considered) 3. Copy of Explanation of Benefits from insurance carrier 4. Copy of medical bills

Revised 11/2025