



If you have **extreme extenuating circumstances** that warrant the reconsideration of the student's need and financial aid package, please indicate the circumstance that applies and attach the requested documentation. Special circumstances may be taken into consideration when evaluating your 2026-2027 Financial Aid.

Because these circumstances require an in-depth, individualized review by a member of the Crown College Financial Aid Team, the review process can take several weeks to complete.

<i>What is a Special Circumstance?</i>	<i>What is not a Special Circumstance?</i>
A Special Circumstance is an unusual financial situation that may not be accurately captured by your 2026-2027 FAFSA.	Costs associated with <u>lifestyle choices</u> , <u>consumer indebtedness</u> (house payments, car expenses, living without roommates, credit card debt, etc.) or <u>bankruptcy</u> cannot be covered by need-based financial aid and cannot be used to review eligibility for financial aid.

Student Information

Last Name	First Name	M.I.	Student ID #
Address (include apt. no.)			Date of Birth
City	State	Zip	Phone Number

Special Circumstances

What is your Special Circumstance? Check all that apply. **Complete sections 2, 3, and the corresponding section in number 4.** (Additional information will be requested.)

Check all that apply	Special Circumstance	Section to complete
☐	Unemployment or change in employment	A
☐	Extreme Medical Expenses that have been paid	B
☐	Tuition Expenses	C
☐	One-time (non-recurring) Income in 2024	D
☐	Divorce or Separation, Death of a parent/spouse	E
☐	Rollover (Untaxed Pension or Untaxed IRA Distribution)	F
☐	Other Special Circumstance	G

An email response will be sent after our review of this form. More information may be required prior to the outcome of our review. Typically, a response is sent within three to four weeks.

NOTE: If your FAFSA is selected for Verification, the Verification process must be completed before the Special Circumstances Form can be evaluated.

2. Signature(s)

By signing this worksheet, I (we) certify that all the information reported to qualify for student aid is complete and correct. Upon request, I (we) will provide additional documentation to substantiate the information provided. I (we) understand that this process takes several weeks to be completed.

Printed Student Name (required)

Signature (required)

Date _____

Printed Parent/Spouse Name (if applicable)

Signature (required, if applicable)

Date _____

3. Detailed statement explaining your circumstances

Please write your detailed statement below or attach your written statement.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

4. Type of Special Circumstance

A. Unemployment or change in employment.

Name of Person with Status Change:	Relationship to Student:
Type of Employment Change:	Effective Date:

Employment changes that have already occurred are subject to review. Employment changes that have not yet occurred will not be reviewed.

Supporting Documents

- Any available documents of terms of layoff, retirement, or other termination of employment.
- Any documents for new employment such as start date and pay rate or most recent pay stub.
- Final paystub.
- Complete chart below. If you are required to include parent information on your 2026-2027 FAFSA, indicate which parent you are listing in each column.

Name of Parent 1 _____ Name of Parent 2 _____

2026 Income	Student or Parent 1 (choose one)	Spouse or Parent 2 (choose one)
Wages earned so far in 2026. *Attach final pay stub from each job.		
Wages expected for the remainder of 2026. *Attach most recent pay stub for new job, if available.		
Other Taxable Income. (Capital gains, pensions, annuities, business/farm income, severance, etc.)		
Unemployment Compensation or Disability. *Attach statement if available. (Do not report SS benefits.)		
Other Untaxed Income. (IRA, 401K, pension contributions, etc.)		
Child Support Received. *Anticipated annual amount.		
Total Anticipated Income for 2026.		

B. Extreme Medical Expenses that have been paid

Medical, dental, optical expenses, etc., not covered by insurance and have been paid, which exceed 11% of your total income. We review expenses for **one calendar year only**. Please indicate the year of your reported expenses:

☐ 2024

☐ 2025

☐ 2026

Supporting Documents

- Signed copy of 2024 federal income tax return. Include Schedule A if you itemized your medical expenses.
- Copies of receipts or statements documenting out-of-pocket expenses that have been paid.

List members in your household and the amount paid for their medical/dental expenses during the year indicated.

Include expenses that are paid out-of-pocket with post-tax dollars.

Do Not Include expenses that have not been paid, have been paid by insurance, or have been paid by a Health Savings Account (HSA) or flexible spending account.

Full Name of Family Member	Age	Relationship to Student	Amount of Medical Expenses	Amount of Dental Expenses

C. Tuition Expenses

List the members in your household (those included in the family size on your FAFSA) and the amount you will provide for their education expenses during the 2026-2027 school year. Attach an additional page if necessary. Include copies of official tuition statements for each student listed, including any tuition discount the school will provide. (Be sure to indicate the date the fees will be paid.)

Full Name of Family Member	Age	Relationship to Student	Tuition	Grade Level

D. One-time (non-recurring) Income in 2024

Attach a copy of settlement claim. Be sure to indicate what you did with the settlement (such as deposited into checking/savings, reinvested, used to pay off debts and what those debts were, etc). Home improvement debt and projects are not considered.

Dollar Amount:	Source of one-time Income:
Current status of one-time income:	

E. Separation, Divorce, or Death of a parent/spouse

Provide documentation (Current tax return and W-2 forms, billing statements with separate addresses, divorce papers, obituary or death certificate).

If you are a Dependent student, provide information about the parent who has the greater income or assets and who will be required to complete the 2026-27 FAFSA form. This parent is identified as a contributor.

Effective Date of separation, divorce, or death:	Name of Parent who provided the most financial support for the student:
Name of Deceased:	Relationship to Student:

F. Rollover (Untaxed Pension or Untaxed IRA Distribution)

Provide a signed copy of 2024 Income Tax Return.

Dollar Amount of Rollover _____

G. Other Special Circumstance

- Attach supporting documentation if able.
- Please write your detailed statement below or attach your written statement.

Return this completed form with documentation to the Financial Aid Office at Crown College.

Crown College, Financial Aid Office
8700 College View Drive, St. Bonifacius, MN 55375
Phone: 952-446-4177 • Fax: 952-446-4178 • E-mail: finaid@crown.edu