

## 2026-2027 SPECIAL CIRCUMSTANCE FORM

### SECTION A: STUDENT INFORMATION

STUDENT'S NAME: \_\_\_\_\_ ID: \_\_\_\_\_  
PERMANENT ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### SECTION B: INSTRUCTIONS

When completing the FAFSA, applicants are required to provide prior-prior-year income. In some cases, this information changes or is not a good representation of your family's current financial situation. If your family is experiencing a financial hardship, we suggest you complete this form so we can determine if your 2026-2027 Student Aid Index (SAI) is impacted enough to allow for additional financial aid. This form should only be used if your family's current financial situation has changed since you filed the 2026-2027 Free Application for Federal Student Aid (FAFSA) using your 2024 income information.

**PLEASE NOTE THAT THE FOLLOWING CIRCUMSTANCES ARE NOT "SPECIAL" AND WILL NOT BE CONSIDERED.**

- Loss of Overtime or Bonus Earnings
- Home Repair/Remodeling/Additions
- Credit Card Debt
- Withdrawal from Pension/Retirement Account
- Child or Dependent Care Expenses
- Secondary Domicile
- Loss of Income/Work to Attend College
- Early Retirement
- Private School Tuition
- Sale of Property/Assets/Business
- Bankruptcy
- Inheritance or Lottery Winnings

**YOUR FINANCIAL AID ELIGIBILITY WILL BE REEVALUATED WHEN ALL REQUIRED AND REQUESTED DOCUMENTATION IS RECEIVED.** Please note, the accuracy of the original information provided on the FAFSA must be verified before any adjustments are considered. Submission of this special circumstance appeal form does not guarantee an increase in your financial aid eligibility. We will notify you via your WC email upon completion of our review. **PLEASE ALLOW UP TO EIGHT WEEKS FOR YOUR CIRCUMSTANCE TO BE REVIEWED.**

| SPECIAL CIRCUMSTANCE         | DEFINITION OF SPECIAL CIRCUMSTANCE                                                                                                                                                                                                                                    | REQUIRED DOCUMENTATION<br><i>from both parent(s) AND student (and spouse, if married):</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>LOSS OF EMPLOYMENT</b>    | Your parents and/or your (and spouse's, if married) income earned in the current 2026 calendar year will be substantially less (20% or more) than that earned in 2024 due to an INVOLUNTARY reason (layoff, termination, or plant closing) for a minimum of 11 weeks. | <ul style="list-style-type: none"> <li>• Detailed letter of explanation regarding the special circumstance.</li> <li>• <i>Signed</i> letter from employer on company letterhead verifying separation from employment. The letter must include reason, effective date of separation, and any bonus or severance paid due to separation.</li> <li>• Copy of Determination of Unemployment Benefits from the Department of Job &amp; Family Services verifying weekly benefit amount and date benefit began. If you are not receiving unemployment compensation, please indicate the reason in the letter of explanation.</li> <li>• Copy of both parent(s) most recent paycheck stubs from all employers for 2026.</li> </ul> |
| <b>REDUCTION OF EARNINGS</b> | Your parents and/or your (and spouse's, if married) income earned in the current 2026 calendar year will be substantially less (20% or more) than that earned in 2024 due to an INVOLUNTARY reduction in hours and/or pay rate for a minimum of 11 weeks.             | <ul style="list-style-type: none"> <li>• Detailed letter of explanation regarding the special circumstance.</li> <li>• <i>Signed</i> letter from employer on company letterhead verifying reduction in hours and/or pay rate. The letter must include reason for reduction, the number of hours now being worked per week, the pay rate, and the effective date of reduction.</li> <li>• Copy of both parent(s) most recent paycheck stubs from all employers for 2026.</li> </ul>                                                                                                                                                                                                                                          |

| SPECIAL CIRCUMSTANCE                                | DEFINITION OF SPECIAL CIRCUMSTANCE                                                                                                                                                      | REQUIRED DOCUMENTATION<br><i>from both parent(s) AND student (and spouse, if married):</i>                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TERMINATION<br/>OR REDUCTION OF<br/>BENEFITS</b> | Your parents and/or you (and spouse, if married) received benefits in 2024 which have ceased or been reduced in the 2026 calendar year.<br><br>Child Support<br>Unemployment<br>Alimony | <ul style="list-style-type: none"> <li>Detailed letter of explanation regarding the special circumstance.</li> <li>Copy of 2026 (01/01/2026 – 12/31/2026) Benefit Statement verifying total amount received.</li> <li>Copy of 2026 (01/01/26–Present) Benefit Statement verifying termination of benefit and effective date or verifying updated amount and effective date.</li> </ul>                                                                                                                 |
| <b>DISABILITY</b>                                   | Your parents and/or you (and spouse, if married) were RECENTLY classified as disabled and unable to work.                                                                               | <ul style="list-style-type: none"> <li>Detailed letter of explanation regarding the special circumstance.</li> <li>Copy of original documentation from physician verifying circumstances, extent of disability, and expected date of return to employment.</li> <li>Copy of parent(s) or student's (and spouse, if married) most recent paycheck stubs from all employers for 2026.</li> <li>Copy of 2026 (01/01/26–Present) Benefit Statement(s) verifying all forms of disability income.</li> </ul> |
| <b>DIVORCE<br/>OR LEGAL<br/>SEPARATION</b>          | Your parents or you and your spouse divorced or legally separated AFTER filing the FAFSA, but no later than 12/31/2026.                                                                 | <ul style="list-style-type: none"> <li>Detailed letter of explanation regarding the special circumstance. Be sure to indicate the change in household size and any child support or spousal support payment agreements.</li> <li>Copy of both parent(s) and/or student's/spouse's most recent paycheck stubs from all employers for 2026.</li> <li>Copy of Divorce Decree or Legal Separation Agreement filed with the court.</li> <li>Proof of separate residences.</li> </ul>                        |
| <b>DEATH OF PARENT<br/>OR SPOUSE</b>                | Your parent or spouse died AFTER filing the FAFSA, but no later than 12/31/2026.                                                                                                        | <ul style="list-style-type: none"> <li>Detailed letter of explanation regarding the special circumstance.</li> <li>Copy of both parent(s) and/or student's most recent paycheck stubs from all employers for 2026.</li> <li>Copy of Death Certificate.</li> </ul>                                                                                                                                                                                                                                      |

## SECTION C: CERTIFICATION

I certify that the information provided by me or my family member 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 Wilmington College Student One Stop Center staff. Any decision is final and applies only to Wilmington College. I understand that if I purposely give false or misleading information, I will be fined \$20,000, sent to prison, or both.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT 1 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT 2 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_