



Special Circumstance Form

2025-2026

Student Name: _____ ID# _____

Email: _____ Parent Email: _____

Student Phone #: _____ Parent Phone #: _____

Augustana University strives to support our students and families with the best financial aid package possible. We realize that the FAFSA may not capture the current financial situation of your household and that certain special circumstances may be a factor in your ability to pay. By completing the special circumstance form and providing required documentation, you are asking us to review your financial aid for the 2025-26 academic year.

Required documentation for ALL requests:

1. The student must have filed the 2025-26 FAFSA to be considered for special circumstances. Any pending verification must be completed before a review of special circumstances will occur.
2. The student and parent must use the IRS Data Retrieval tool within the FAFSA to link tax information directly from the IRS or IRS tax return transcript(s) need to be submitted. Additionally, it is helpful to submit a copy of your tax form 1040 with schedules.
3. A letter of explanation must be submitted to the Director of Financial Aid.
4. All necessary and applicable documentation (as outlined on page 2) must be submitted before a request will be reviewed.

Mailing address: Office of Financial Aid, 2001 S Summit Ave, Sioux Falls, SD 57197 Email: trousse.evenson@augie.edu, Fax: 605.274.5295

Student/Parent Certification

- I/We affirm the information provided on this form and in attached documentation is accurate and complete to the best of our knowledge.
- I/We understand that completing this form does not guarantee financial aid will be adjusted or increased. Further, we understand that special circumstances are applied on a year to year basis and adjustments do not automatically apply to future academic years.
- I/We understand that completing this form does not release the student from the obligation of staying current with the Augustana University Business Office.

Signature of Student: _____ Date _____

Signature of Parent: _____ Date _____

Please mark below the circumstance(s) applicable to you or your family and submit the required documentation. It is not necessary to provide all types of documentation, but we encourage you to be certain you've thoroughly provided proof of all circumstance(s).

Special Circumstance	Required Documentation
<p>Involuntary loss of income/benefits</p> <ul style="list-style-type: none"> <input type="radio"/> Unemployment date: ____/____/____ <input type="radio"/> Loss of overtime <input type="radio"/> Death of wage earner <input type="radio"/> Divorce/separation <input type="radio"/> Loss of child support <input type="radio"/> Change in farm income <input type="radio"/> COVID related changes to income 	<p>Please provide:</p> <ul style="list-style-type: none"> ✓ Proof of job loss or reduction (letter from employer, most recent pay stub, unemployment statement, etc.) ✓ Copy of death certificate, obituary or letter from financial professional ✓ Copy of divorce papers or legal separation ✓ Changes in farm income are recognized using a 5-year income average
<p>Unreimbursed medical/dental expenses (do NOT include pre-tax insurance premiums)</p> <ul style="list-style-type: none"> <input type="radio"/> Amount paid in 2023: \$ _____ <input type="radio"/> Amount paid in 2024: \$ _____ 	<p>Please provide:</p> <ul style="list-style-type: none"> ✓ Year to date payments statements ✓ Schedule A (if applicable)
<p>One-time/non-recurring income</p> <ul style="list-style-type: none"> <input type="radio"/> Rollover <input type="radio"/> Inheritance <input type="radio"/> Capital Gain 	<p>Please provide:</p> <ul style="list-style-type: none"> ✓ Documentation of distribution (letter from employer, Form 1099, most recent pay stub, etc.) ✓ Listing with documentation of expenses paid from distribution, i.e. what was the one-time income spent on?
<p>Recognizable monthly expenses</p> <ul style="list-style-type: none"> <input type="radio"/> K-12 Tuition expenses in 2025-26: \$ _____ <input type="radio"/> Adult care expenses paid in 2024: \$ _____ 	<p>Please provide:</p> <ul style="list-style-type: none"> ✓ Tuition statement or adult care expense statement ✓ Itemized receipts of payment
<p>Recognizable debts</p> <ul style="list-style-type: none"> <input type="radio"/> Parent's own student loan payment: \$ _____ per month <input type="radio"/> Parent PLUS Loan payment: \$ _____ per month <input type="radio"/> Court mandated payments: \$ _____ per month <input type="radio"/> Debt restructure payments: \$ _____ per month <input type="radio"/> Other (please explain in letter): \$ _____ per month 	<p>Please provide:</p> <ul style="list-style-type: none"> ✓ Student loan statement or payment stub ✓ Billing statement ✓ Payment summary or receipt from agency, company or person to whom payment is made ✓ Legal document showing required payments ✓ Proof of actual payment (bank statement, cancelled checks, etc.)