SPECIAL CIRCUMSTANCES REQUEST

2027-2028 Academic Year

Student Name:_____ Student C-SC ID Number: _____

Street Address:_____ Date of Birth: _____

City/State/Zip: _____ Phone Number/Cell Number: _____

Results of your 2027–2028 FAFSA must be on file prior to review. If selected for federal verification, that process must be completed first. **NOT ELIGIBLE FOR APPEAL**: Voluntary loss of income*, leaving a job to attend school*, excessive consumer debt, private school tuition, or daycare expenses (*unless extenuating). **REASON FOR REQUEST** (Example: job loss/unemployment, divorce in household, death of a parent/spouse, reduction in household income, request override to Plus Loan approval)

_____

_____

Mark an 'x' for documentation that is attached:

_____ 2025 Federal Tax Returns & All Schedules (1, 2, 3, C, F) for Household
_____ 2025 W-2 Forms for Household Members
_____ Proof of unemployment: Official state agency approval or denial letter
_____ Job Loss / Layoff: Employer termination letter showing effective date
_____ Loss of income (Child Support) Official documentation from 2025 and/or 2026
_____ Loss of income (divorce or death in household) Court decree, separation agreement, proof of separate addresses, or Death Certificate
_____ One-time income: Detailed explanation letter with proof of source and amount
_____ Excessive Medical Expenses: Paid statements with proof of payment
_____ Cost of Attendance (COA) Increase Request**:** Attach supporting receipt documentation
_____ Other: Explanation letter showing why 2026/2027 income is lower than 2025
_____ Statement of monthly expenses (required for request to override Plus Loan approval)

READ AND SIGN

All information on this form is true and complete. I agree to provide additional proof if requested. Please allow several weeks for processing; if additional documentation is needed, we will reach out.

Student's signature _____ Date _____

(Parent signature(s) for dependent students only)

Parent 1 or Step-parent _____ Date _____

Parent 2 or Step-parent _____ Date _____

Mail: Culver-Stockton College, Attn: Financial Aid Office | 1 College Hill, Box 109, Canton, MO 63435
Email: financialaid@culver.edu | Fax: 573-288-6308 | Upload: MyCulver/Financial Aid Portal

REQUEST FOR INDEPENDENT STATUS OVERRIDE

Students are considered Dependent for federal financial aid unless they meet at least one of the following criteria:

- age 24 or older,
- married,
- a military veteran,
- supporting biological/legal children,
- in foster care (at age 13 or older),
- an orphan or ward of the court,
- under legal guardianship, or
- determined homeless/at risk of homelessness.

If you do not meet these criteria but have extenuating circumstances (such as parental abandonment, abuse, or neglect), you may request a Dependency Override by submitting the following:

1. **Special Circumstances form**
2. **Personal Statement:** A detailed written statement explaining your situation.
3. **Supporting Documentation:** Three letters from third parties verifying your circumstances (e.g., non-parent family members, guidance counselors, social workers, clergy, or other professionals).

READ AND SIGN

All information on this form is true and complete. I agree to provide additional proof if requested. Please allow several weeks for processing; if additional documentation is needed, we will reach out to you directly.

Student's signature _____ Date _____