



Financial Aid – Special Circumstances Review

Student Name

Parent/Spouse on FAFSA Name

Please check the box(es) below that reflects your situation. Supporting documentation will be required. Both the student and parent/spouse whose information was reported on the FAFSA must sign this form.

Loss of Income

My family's income declined from 2022 to 2023 due to (circle applicable):

Unemployment Retirement Change of Employer Reduction in Hours

Documentation Required:

Signed copies of Student's 2023 Federal Tax Return and W2s

Signed copies of Parent/Spouse 2023 Federal Tax Return and W2s

Another Family Member (Listed on the 2024-25 FAFSA) is Attending College

Documentation Required:

Written statement outlining out-of-pocket costs (bill minus any financial aid) for your family. Costs included tuition, fees, books and supplies for the 2024-25 academic year.

High Medical and Dental Expenses

Documentation Required:

A written summary, with attached receipts, of expenses for the year 2023 not covered by insurance.

Support of Additional Family Members Not Included on the 2024-25 FAFSA

Documentation Required:

A written statement explaining the situation. Statement must include the family member's relationship to the student, the amount and type of support provided, and the reason why the support is necessary.

Private School Expenses

Documentation Required:

A written statement of the amount of tuition and fees your family will pay for the 2024-25 academic year. Attach a document supporting proof of payment, i.e., school contract, account statement, or similar.

Other

Attach supporting documentation.

Certification

I /we hereby certify that the information and supporting documentation attached to this form is true and correct to the best of our ability. I/we understand that making an appeal does not guarantee a change in the financial aid offer. I/we acknowledge that this review is pertinent **ONLY to the 2024-25 academic year.**

Student Signature Date Daytime phone number

Parent/Spouse Signature Date Daytime phone number

Please return this form and attached documentation in person or by mail to:

GNU Financial Aid Office
c/o Melissa Hammond
611 E Indiana Ave Spokane WA 99207

Received Date

Outcome

Initials