



**GRAND VALLEY
STATE UNIVERSITY®**

**OFFICE OF FINANCIAL AID
AND SCHOLARSHIPS**

100 Arend & Nancy Lubbers Student Services
Center One Campus Dr., Allendale, MI 49401
Phone: 616.331.3234 • Fax: 616.331.3180

2026-2027 Special Circumstances – Independent Student

This form must be submitted by March 1, 2026 for the 2026-2027 academic year.

Occasionally, unusual circumstances exist that may warrant reconsideration of financial aid eligibility. These special circumstances may be either changes that have occurred in your family circumstances since you filed the Free Application for Federal Student Aid (FAFSA) or unusual family circumstances not accounted for on the FAFSA. On the following pages we have listed the circumstances that most commonly qualify a student to file a Special Circumstances request. Select as many circumstances that fit your current situation.

To Qualify for a Special Circumstances Review, You Must:

- Write a letter explaining your particular situation
- Choose one or more of the situations outlined on the following pages
- Complete all pages of this form
- Provide all requested documentation

If your circumstance(s) does NOT fit into one of the options, you may still file the Special Circumstances Form. Please attach a letter explaining your situation as well as any supporting documentation.

Please note: Filing this appeal does not guarantee additional financial aid. Some appeals may only result in the student receiving the maximum in subsidized loan eligibility and/or Pell grant eligibility. Please allow 3-4 weeks for processing.

Student Name: _____ Student ID Number: G_____

Phone Number: _____ E-mail: _____

By signing this worksheet, I certify that all of the information reported to qualify for federal student aid is complete and correct. All attachments and supporting documents are true to the best of our knowledge. I further understand that purposely giving false or misleading information may result in a fine, jail terms, or both.

Student Signature: _____ Date: _____

Please return your completed form to the Office of Financial Aid & Scholarships by fax, U.S. mail, or in person. Be sure to include your name and G Number on all pages. Missing information may delay processing.

☐ Loss of Income

Reduction or loss of income from work must be for at least ten (10) weeks or sufficient documentation of change and new employment.

☐ Student

Date of layoff/termination: _____

☐ Spouse

Date of layoff/termination: _____

- Has the student started another job? ☐ No ☐ Yes If yes, give start date: _____
- Has the spouse started another job? ☐ No ☐ Yes If yes, give start date: _____

Documentation Required:

- A letter from employer verifying loss of employment including effective date
- A copy of the last pay statement showing gross year-to-date income for all jobs worked for both student and/or spouse
*If more than one employer per student and/or spouse, please include start/end dates in written statement.
- Documentation of unemployment benefits from state agency
- Documentation of severance pay received, or IRA's, stocks, bonds, pensions, etc. converted to cash.

☐ Loss of Child Support

Name of Child: _____

Amount received in 2026: _____

Date support ended: _____

Name of Child: _____

Amount received in 2026: _____

Date support ended: _____

Documentation Required:

- A copy of legal separation/divorce papers that specifies amount of child support
- Statement from the Friend of the Court documenting amount of child support

☐ Receipt of One-Time Income

Consideration for and one-time income may only be reviewed once during a student's enrollment at Grand Valley State University.

Documentation Required:

- A signed copy of your 2024 U.S. Federal Tax Return and/or 1099 Form
- Written statement explaining reason for early withdrawal

☐ Separation or Divorce since 2023

Please note that you must be residing in separate households and provide documentation.

Date of separation/divorce: _____

Documentation Required:

- A copy of student's most recent pay statement; and
- A copy of legal separation/divorce papers; and
- Documentation of spousal support and/or child support.

☐ Death of a Spouse since 2024

Date of death: _____

Documentation Required:

- A copy of the death certificate or obituary; and
- Describe survivor benefits that are to be received including amounts and payment terms; and
- Student's 2026 income information.

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Medical or Dental Expenses paid by you in 2024, 2025, and/or 2026

Please select the year you wish to claim: ☐ 2024 ☐ 2025 ☐ 2026

Documentation Required:

- Submit a copy of Schedule A—Itemized Deductions from your federal tax return; or
- Submit copies of supporting documentation as proof of out of pocket payments.

Additional Information:

- Do **not** include payments covered by insurance or other resources.
- **Please note:** we cannot take into consideration payments made by insurance, unpaid invoices, handwritten confirmations of payments, or explanation of benefits or account statements.

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Tuition paid out of pocket by your family in 2026

Documentation Required:

- Submit copy of your bill or a letter from the school documenting cost and any scholarship/grant assistance received. The bill must be for the 2026-2027 academic year.

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Other Circumstances not addressed in the above categories

Documentation Required:

- Submit a statement that explains changes in your financial and/or family situation. If appropriate, please provide supporting documentation.

Family Size

Please list the names and ages of all the members of your family* during the 2026-2027 academic year. Also, please indicate which family members will be enrolled in college at least half-time during 2025-2026 and which institution they are planning to attend.

***The term “family” is defined as follows:**

For the independent applicant, include the student (and spouse), the student's dependent children (even if they live apart due to college enrollment), and other people living with the student now. Include these dependent children and other people only if the student will provide more than half of their support between July 1 and June 30 of the 2026-2027 award year.

Name	Age	Relationship	Name of College
		Self	GVSU

Expected Total Income and Benefits

Use this form to document special circumstance for your household incomes received to date and to provide your best faith estimate of **all** sources of income for 2026. Please enter **zero** to indicate you do not have any types of taxable or untaxed income to report.

All sources of income for 2026	Year To Date 1/1/26 – Today	Estimated Today – 12/31/26
Student Total Wages, Salaries, Tips	\$ _____	\$ _____
Spouse Total Wages, Salaries, Tips	\$ _____	\$ _____
Other Taxable Income: _____	\$ _____	\$ _____
Other Taxable Income: _____	\$ _____	\$ _____
Other Untaxed Income: _____	\$ _____	\$ _____
Other Untaxed Income: _____	\$ _____	\$ _____
REQUIRED	Student & Spouse (if applicable)	
As of today, what is the amount of your cash, savings, and checking accounts?	\$ _____	\$ _____
As of today, what is the net worth of your (and spouse's) investments, including real estate? Don't include the home in which your parents live. Net worth means current value minus debt.	\$ _____	\$ _____
As of today, what is the net worth of your (and spouse's) current businesses and/or investment farms?	\$ _____	\$ _____

Examples of **taxable** income: Unemployment compensation, taxable portion of Social Security benefits, severance pay, interest income, dividends, capital gains, alimony, pensions, annuities, IRA's, rents, royalties, partnerships, estates, trusts, life insurance payment, early withdrawal from 401k

Examples of **untaxed** income: Child support received for all children, worker's compensation, veteran's death benefits, disability, living allowances (housing, food, pensions, annuities, etc.) for military/clergy/other