MISERICORDIA UNIVERSITY - Special Circumstances Form - Dependent Student - 2025-2026

The Special Circumstance form is for students and families who have experienced extenuating circumstances that may not be accurately reflected in the information provided on the FAFSA. Please complete the form and return to the Financial Aid office along with required documentation.

Please do not email sensitive information such as tax documents, social security numbers or other personally identifiable information. Instead, fax to (570) 674-3063 or mail to: Misericordia University, Student Financial Services, 301 Lake Street, Dallas, PA 18612

Our office will re-evaluate your financial aid eligibility ***only*** after receiving all requested and required documentation. The Financial Aid Administrator ***may*** use professional judgment, as long as it is within the intent of the law. Your request will be given careful consideration. *Misericordia University is **NOT** required to adjust awards. Making a request for a review of special circumstances does not guarantee an increase in funding.*

If you are a Pennsylvania resident, please contact PHEAA for their special condition form for a possible change in Pennsylvania state grant eligibility at 1-800-692-7392 or at www.pheaa.org.

Student's Last Name: **First Name** **MU ID #**

Check the box that applies to you and your parent(s) listed on the FAFSA. Also provide a brief description of your special circumstance on the second page. If none of the lines apply, provide a detailed summary of your special circumstances on the second page.

Special Circumstance	***Description***	***Required Documents***
☐**Reduction or loss of family income from work**	Parent/Step Parent or Student has been unemployed or has experienced a change in employment status for at least **10 weeks** in 2025. **Last day of employment**: ____/____/_____ **Anticipated return to work**: ___/___/___or Unknown	■ Last pay stub showing year-to-date Earnings for both parents/step parents ■ Termination Letter ■ Benefit notice from employment office
☐**Loss of untaxed income from** ☐Child Support ☐Social Security ☐Worker's Compensation ☐Alimony ☐Other untaxed income	Loss of income for at least **10 weeks** in 2025 ***Date income ceased***: _____-_____-_____	■ Documentation from agency stating the termination date ■ Other Documentation
☐**Legal separation or divorce**	Your parents have separated or divorced AFTER filing the FAFSA	■ Divorce decree or separation agreement ■ Letter of Explanation ■ W-2
☐***Death of a parent or stepparent listed on FAFSA***	A parent or stepparent has died AFTER filing the FAFSA	■ Death certificate ■ W-2
☐***Unreimbursed Medical/dental expense***	Medical expenses not covered by insurance	■ Proof of payment of medical bills ■ Letter from insurance company showing medical expenses not covered
☐***One-time payment received***	A significant one-time lump sum payment was received in 2023	■ Document detailing payment amount, source, and reason ■ Written statement explaining why the payment cannot be used for schooling

Note**: High mortgage costs, credit card / consumer debt, and other discretionary expenses incurred in many households* will not ***be considered in our evaluation of your eligibility for financial aid.

Briefly describe your Special Circumstance. Use a separate sheet of paper if necessary.

_____
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Projected Income and Benefits from January 1, 2025 to December 31, 2025: If you are unable to estimate the total income your family will receive for 2025, at this time, keep this form until you can provide an accurate estimate. If submitting after December 31, 2025 then please also include a copy of the 2025 federal tax return and W-2's for you and your parents.

PLEASE COMPLETE ALL LINE ITEMS. IF "NONE" OR "NOT APPLICABLE", ENTER "0".

Source of Income	***Father/Stepfather***	***Mother/Stepmother***	***Student***
Wages, tips, salary	$	$	$
Interest and/or dividend income	$	$	$
Business/farm income	$	$	$
Unemployment compensation	$	$	$
Worker's compensation	$	$	$
Pensions and/or annuities	$	$	$
Severance Pay	$	$	$
Retirement benefits	$	$	$
Social Security/SSI benefits	$	$	$
Child Support	$	$	$
Alimony	$	$	$
Welfare benefits	$	$	$
Other:_____	$	$	$
Total of all income	$	$	$

UNIVERSITY RELEASE AND CERTIFICATION:

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my federal, state or local income tax return transcript. I also realize that if I do not give proof when asked, the student may not get aid.

Student's Signature: _____DATE: _____

Father's/Step-Father's Signature: _____DATE: _____

Mother's/Step-Mother's Signature: _____DATE: _____

Parent Email: _____

Approved by: _____DATE: _____

_____DATE: _____