



2026-2027 Special Circumstances Request Form

Student Name: _____ AC ID#: _____

This form may be submitted if the information on your 2025-2026 FAFSA is no longer an accurate reflection of your current financial status due to an extenuating circumstance. Submission of this form does NOT guarantee an adjustment to your information will be made or that additional aid will be awarded. Aid adjustments are subject to program and funding restrictions.

Special Circumstance Request may be used for the following situations:

- Loss of student/spouse/parent job due to dislocated worker, retirement, lay-off, or termination.
- Loss of financial benefits.
- Income loss due to natural disaster, death, injury, or illness.
- Financial impact due to separation, divorce, or call to military service.
- Reduction in work hours resulting from reduction in workforce.

STEP 1 – Apply for Financial Aid

Complete the 2026-2027 FAFSA: Apply online at: www.studentaid.gov. Albright College School code 003229.

STEP 2 – Complete your Albright College financial aid file

After applying for financial aid using the FAFSA, you will receive a financial aid award letter or a request for additional documentation in order to establish your financial aid eligibility. You must complete and submit all required documents prior to consideration of special circumstances.

STEP 3 – Complete the Special Circumstances Request Form

Prepare a written statement indicating your special circumstances and gather any supporting documentation. The Financial Aid Staff will review your request. The documentation needed to review a special circumstance request are as follows:

- | | |
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| <input type="checkbox"/> Completed Special Circumstances Request Form | <input type="checkbox"/> Copies of statements indicating severance pay. |
| <input type="checkbox"/> Most recent pay stubs for all reporting parties (Student and Parents, if required). | <input type="checkbox"/> Termination, lay-off, or retirement documentation from former employer. |
| <input type="checkbox"/> Verification documents, 2023 income tax transcript and 2023 W-2's (if not already submitted). | <input type="checkbox"/> Verification of dislocated worker status as confirmed by EDD. |
| <input type="checkbox"/> Insurance or agency documentation confirming financial loss due to natural disaster. | <input type="checkbox"/> Copy of official orders of activation to military Duty. |
| <input type="checkbox"/> Court or other documentation of separation or divorce. | <input type="checkbox"/> Medical Statement from Doctor indicating inability to perform job duties due to injury or illness. |
| <input type="checkbox"/> Documentation of unemployment, Social Security, disability, worker's compensation or other types of benefits (check stubs, verification from agency on letterhead, etc.) | |

STEP 4 – Submit Required Documents

Submit request to the Financial Aid Office by mail, email (finaid@albright.edu) or fax to 610-921-7729. Incomplete request, lack of documentation or invalid documentation will not be considered.

STEP 5 – Processing

Processing may take 7-10 business days. If your request is approved, you will receive a revised offer of Financial Aid showing the changes to your eligibility based on the Special Circumstances recalculation. **Financial aid will be awarded based on the availability of funds at that time.**



Special Circumstances Request Resources

****Dependent Students (include student and parent information)**
****Independent Students (include student and spouse information)**

2. Indicate annual income information for you and your spouse (or parents).

Indicate the amount of income you received or plan to receive and provide documentation.

<u>Annual 2023 Income</u>		<u>Annual Current Year-2025 Earned/Projected</u>	
Gross Income from employment	\$ _____	Gross income from Employment	\$ _____
Unemployment	\$ _____	Unemployment	\$ _____
Alimony	\$ _____	Alimony	\$ _____
Veteran's Benefits	\$ _____	Veteran's Benefits	\$ _____
Pensions/Dividends	\$ _____	Pensions/Dividends	\$ _____
Social Security/SSI	\$ _____	Social Security/SSI	\$ _____
Child Support	\$ _____	Child Support	\$ _____
Other (specify)	\$ _____	Other (specify)	\$ _____
Other (specify)	\$ _____	Other (specify)	\$ _____
Annual Total	\$ _____	Annual Total	\$ _____

- I certify that all information on this form is true and accurate.
- I understand I must promptly report **ANY CHANGES** in the information reported on this form and that such changes may affect financial aid eligibility.
- I understand that false statements or misrepresentations will be cause for denial, reduction, or repayment of financial aid received.

Student's Signature

Parent's Signature

Date