



Student Financial Services
 5400 Ramsey Street
 Fayetteville, NC 28311
 1.800.488.7110
 financialaid@methodist.edu

REQUEST FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES 2024-2025

What is this?

In some cases, family income can be substantially less than the previous year’s family income that was reported on the FAFSA, or there are extremely special circumstances that should be taken under advisement. If this is the case, the student can request a review of the EFC and financial aid eligibility through a process called “Special Circumstances.”

READ BEFORE COMPLETING

- If the Student Aid Index (SAI) on the Free Application for Federal Student Aid (FAFSA) is already zero or less than zero, there is no need to complete this form. You cannot get more federal aid.
- Methodist University does NOT have a contingency fund for special circumstances.
- In addition to this form, we need a detailed letter explaining the situation and additional documentation supporting the special circumstance.
- Going through this process may require you to submit additional financial documentation. We cannot move forward with this process until all the documents we need are received.
- If corrections are made using the provided information, your Expected Family Contribution (EFC) may INCREASE and any financial aid you have been awarded previously may DECREASE.

Students Name: _____

Section A: Reasons for Review of Financial Aid Eligibility

- Check only one circumstance and circle the person that it applies to.
- Submit a detailed letter explaining the situation along with this form.

You / Your Spouse / Your Parent(s) were/was employed in 2022 but are/is now unemployed or under-employed.
Suggested Documentation: A statement on company letterhead from employer which specifies the last date of employment and/or date(s) of reduced hours. If partially employed in 2024, YTD paystub to verify earnings for 2024 expected work income (next page). Check stubs are insufficient and therefore not acceptable.

You / Your Spouse / Your Parent(s) earned money in 2022 but have/has been unable to pursue normal income-producing activities during 2024 due to a disability or natural disaster.
Suggested Documentation: physician’s statement or written description of natural disaster

You / Your Spouse / Your Parent(s) received unemployment compensation or other reported income in 2022 and have had a loss or reduction in these benefits in 2024.
Suggested Documentation: letter of explanation from source of benefit

You / Your Spouse / Your Parent(s) received child support in 2022 and have/has totally or partially lost that income in 2024.
Suggested Documentation: letter of explanation from source of benefit

You / Your Parents have become separated or divorced after the FAFSA was submitted.
 Date of Separation or Divorce: ____/____/____

Suggested Documentation: copy of divorce or legal separation documents; if unavailable, obtain a letter from an attorney, minister, or other responsible third party (non-relative) describing situation and date of divorce or separation

Your Spouse / Your Parent, whose 2022 income was reported on the FAFSA, has died since you submitted your application.

Date of Death: ____/____/____

Suggested Documentation: death certificate; obituary

Other: If none of the conditions above apply, attach, and sign a typed explanation of the circumstances you would like us to consider when reviewing your financial aid eligibility. Please submit proof of these circumstances with this form.

Section B: Report of Total Yearly Figures

Dependent Students

Expected 2024 Income

2024 Expected Work Income by Parent1/Stepparent1: \$ _____
2024 Expected Work Income by Parent2/Stepparent2: \$ _____
2024 Other Taxable Income (e.g., unemployment benefits): \$ _____
2024 Other Non-Taxable Income (e.g., child support, disability): \$ _____
Total Expected 2024 Income \$ _____

Independent Students

Expected 2024 Income

2024 Expected Work Income by student: \$ _____
2024 Expected Work Income by spouse (if married): \$ _____
2024 Other Taxable Income (e.g., unemployment benefits): \$ _____
2024 Other Non-Taxable Income (e.g., child support, disability): \$ _____
Total Expected 2024 Income \$ _____

Section C: Sign and Acknowledgement

- If you are a dependent student, the student and the parent must sign.
- If you are an independent student, you are the only one that has to sign.

I understand that if I purposely give false or misleading information in connection with my application for Federal Student Aid, I may be subject to a fine of up to \$20,000, sent to prison, or both. I also understand that if the income estimates provided above are substantially different from what is earned for that year, I will lose my ability to request any future adjustments in subsequent application years.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

For Office Use Only

_____ Approved

Recalculated EFC: _____ ISIR reprocessed: ____/____/____

Adjustments: _____

_____ Denied

Reason: _____

