



**University of the Incarnate Word
Office of Financial Assistance
2025-2026 Special Circumstances Form**

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SPEC06

The Special Circumstances form is for students who have exceptional circumstances which are not represented through the initial FAFSA process. Complete this form indicating your circumstances and submit it to the Office of Financial Assistance with the required documentation for us to evaluate your need for additional assistance. Review of special circumstances will take place after you complete a 2025-2026 FAFSA and receive your initial aid offer. Please note that all forms must be signed with **handwritten** signatures in black ink only. Per federal regulations, we are unable to accept typed signatures, electronic signatures, nor signatures made with an electronic pen. Please allow 3-5 business days for review.

Special circumstances submitted after Oct. 17, 2025 (Fall) or March 13, 2026 (Spring) may not be able to be processed.

Student Information

Student Name Student ID Phone Number (include area code)

Change of Financial Circumstances

Required documentation:

- Detailed personal statement of circumstances for loss of employment; include current work status and pay frequency.
- Submit a signed copy of your (or your parents', if dependent) 2024 tax return and all 2024 W2s.
- Submit documentation from former employer confirming loss of income, date of separation, and any severance pay amount.
- Submit copies of most recent full month's pay stubs from current job (if applicable).
- Submit a printout of the Texas (or applicable state) Workforce Commission Claim and Payment statement (unemployment benefits, etc.)

**Changes to finances due to divorce, death, etc. should be submitted through the Parent or Student Marital Status forms*

Unusual Medical Expenses

Expenses for medical premiums and amounts covered by insurance will not be considered. Expenses are considered unusual if they exceed 11% of the family's income.

Required documentation:

- Attach a detailed letter explaining what the medical expenses are for. Orthodontic expenses will not be considered.
- Attach a copy of your 2024 Schedule A Form from the 2024 Federal tax return, or Explanation of Benefits forms showing the patient responsibility amount, or receipts showing expenses were paid.

**Changes to finances due to divorce, death, etc. should be submitted through the Parent or Student Marital Status forms*

Certifications & Signatures

Initial each of the statements below to verify your understanding, and sign/date. You parent's signature is required if you are considered a dependent student.

_____ I understand that submitting this request for re-evaluation may not change the outcome of my FAFSA eligibility or result in additional grant funding but will allow the Office of Financial Assistance the opportunity to review my circumstances.

_____ I certify the information on this appeal to be complete and accurate and that I have attached the required documentation. If any of the information changes, I understand I must promptly notify the Office of Financial Assistance and that I may be responsible for repayment of financial aid received if I fail to do so.

Student Signature Date Parent Signature (required for dependent students) Date

*All signatures must be **handwritten** in black ink only. Electronic/typed signatures and signatures made with an electronic pen will **not** be accepted.

Please note: The Office of Financial Assistance may request additional information or documents based on your circumstances.