

**2024-25 SPECIAL CIRCUMSTANCES – Signature and Required Documents**

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**Student First name Last name Student ID number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_**

**Parent on FAFSA First name Last name**

**Please review the checked box(es) that reflect your situation. Your 2024-25 financial aid offer will remain estimated until this document is signed and returned, along with the other requested documents.**

**Loss of Income**

**My family’s income declined from 2022 to 2023 due to (check appropriate box(es)):**

**Unemployment  Retirement  Change of employer  Reduction in hours**

**Provide a signed copy of :**

**\_\_\_Parent 2023 Federal Tax Return and W2s \_\_\_Student 2023 Federal Tax Return and W2s**

**A Family Member (listed on the 2024-25 FAFSA) is Attending College**

**\_\_\_Provide a written statement outlining out of pocket costs (minus financial aid) for your family. Costs include tuition, fees, books/supplies for the 2024-25 academic-year.**

**High Medical and Dental Expenses**

**\_\_\_Provide a written summary of expenses for the 2023 year not covered by insurance. Be prepared upon request to provide receipts supporting financial statements.**

**Support of Additional Family Members Not Included on the 2024-25 FAFSA**

**\_\_\_Provide a written statement explaining the situation, including the relationship to the student, the amount and type of support provided, and the reason why support is necessary.**

**Private School Expenses (elementary and secondary)**

**\_\_\_Provide a written statement of the expenses your family will pay in private school tuition and fees for the 2024-25 academic year. Attach the school contract, accounting statement or other proof of payment plan.**

**Review of Assets – I would like my asset of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or a portion of my asset NOT to be included in the calculation of my SAI because (feel free to attach statement): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_Provide signed supporting documents.**

**CERTIFICATION: *I/We certify that the information provided on this form is true and that figures provided are accurate to the best of our/my ability. I/We understand that these changes are to be reviewed for the 2024-25 academic year only.* A signature from the parent and student whose information was reported on the FAFSA is required if this adjustment is required.**

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**Student’s signature Date Parent’s signature Date**

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**Daytime phone number Daytime phone number Email**

**Upon completion, STUDENT upload this form to the provided “Manage” document option under Self-Service/Financial Aid/Required Documents, or drop off or mail to the address below. We highly discourage attaching documents to an unsecure email.**

**Whitworth Financial Aid Office  
300 West Hawthorne Road, Spokane, WA 99251**