**2025-26 SPECIAL CIRCUMSTANCES – Signature and Required Documents**

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**Student First name Last name Student I.D. number**

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

**Parent on FAFSA First name Last name**

**Please review the checked box(es) that reflect your situation. Your 2025-26 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 2023 to 2024 due to (check appropriate box(es):**

 **[ ] Unemployment [ ] Retirement [ ] Change of employer [ ] Reduction in hours [ ] 2023 One-time Income**

**Provide a signed copy of :**

**\_\_\_Parent 2024 Federal Tax Return and W2s \_\_\_Student 2024 Federal Tax Return and W2s**

**[ ]  A Family Member (listed on the 2025-26 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 2025-26 academic-year.**

**[ ]  High Medical and Dental Expenses**

**\_\_\_Provide a written summary of expenses for the 2024 year not covered by insurance. Be prepared upon request to provide receipts supporting financial statements.**

**[ ]  Support of Additional Family Members Not Included on the 2025-26 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 2025-26 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 2025-26 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**