



## 2024-2025 Special Circumstance Form

### Student Information

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Student ID# or Last Four Digits of SSN

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Student Cell Phone #

This form is to assist you with requesting a review of your financial aid eligibility because of changes in financial circumstances not addressed on your original financial aid application. This change limits the ability of you and/or your parents to contribute toward your 2024-2025 educational expenses. Complete and return this form to the Financial Aid Office if you, your spouse, or a parent has incurred an unusual expense or special circumstance.

Who incurred the unusual expense or circumstance?

Student\_\_\_\_ Spouse\_\_\_\_ Father\_\_\_\_ Mother\_\_\_\_

Indicate the amount of additional funding you are requesting: \$ \_\_\_\_\_

#### DOCUMENTATION

**Supporting documentation that verifies your unusual expense or circumstance must be attached. Forms submitted with incomplete documentation will not be processed.**

Please check off all your unusual circumstances from the list below. See the back of this form for the required documentation for each circumstance.

\_\_\_\_ Childcare expense

\_\_\_\_ Housing costs

\_\_\_\_ Computer purchase

\_\_\_\_ Commuting Expense

\_\_\_\_ Death of a legal parent

\_\_\_\_ Separation or Divorce

\_\_\_\_ Loss of Benefits

\_\_\_\_ Liquidation or Foreclosure of assets

\_\_\_\_ Loss of Employment

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Medical Expenses

All the information provided by the undersigned is true and complete to the best of my/our knowledge. I/we further understand that purposely giving false or misleading information to obtain student financial aid may subject me/us to fines and other penalties.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Return completed appeal to:

- Mailing address: Mayville State University ▪ Financial Aid Office
- 330 Third St NE ▪ Mayville, ND 58257
- Phone: 1-800-437-4104 Ext 34767 or (701) 788-4767 ▪ E-mail for questions: Susan.cordahl@mayvillestate.edu
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**IMPORTANT: All documents (letters of explanation, etc.) must be signed, dated, and reflect the name or last four digits of student SSN. Your appeal will be evaluated at the earliest available date. Please allow a minimum of two to four weeks for processing this form.**

## Required Documentation

Special Circumstance	Documentation
Child Care Expense	Letter Listing <ol style="list-style-type: none"> <li>Name and age of dependent(s)</li> <li>Hourly rate paid</li> <li>Total monthly cost</li> <li>Name, phone number &amp; address of provider</li> </ol>
Housing Cost	Letter of explanation with a budget per month <ol style="list-style-type: none"> <li>Copy of rental agreement or mortgage payment</li> <li>Copy of most recent monthly utility bills</li> </ol>
Computer Purchase	Copy of receipt for purchase of a computer (purchased between Summer 2024 and May 2025)
Commuting Expense	Letter listing: <ol style="list-style-type: none"> <li>Number of miles traveled each day</li> <li>How many days per week</li> <li>Where you are traveling from</li> </ol>
Death of a Legal Parent	<ol style="list-style-type: none"> <li>Letter listing:               <ol style="list-style-type: none"> <li>Relationship of deceased to the student</li> </ol> </li> <li>Copy of obituary/death certificate</li> <li>2022 <u>and</u> 2023 <b>signed</b> Federal Tax Return (Form 1040 &amp; applicable schedules 1-3) &amp; 2022 <u>and</u> 2023 W-2's for both parents.</li> <li>Verification Worksheet 2024-2025</li> </ol>
Separation or Divorce (Must be after Jan 1, 2024)	<ol style="list-style-type: none"> <li>Letter listing:               <ol style="list-style-type: none"> <li>Letter of explanation</li> </ol> </li> <li>Copy of divorce decree or proof of separation</li> <li>2022 <b>signed</b> Federal Tax Return (Form 1040 &amp; applicable schedules 1-3) &amp; 2022 W-2's for both spouses</li> <li>Verification Worksheet 2024-2025</li> </ol>
Loss of Benefits (Must be after Jan 1, 2024 and benefits lost at least 12 weeks ago)	<ol style="list-style-type: none"> <li>Letter listing:               <ol style="list-style-type: none"> <li>Whose benefits were terminated</li> <li>Amount of benefit(s) received for last two years</li> <li>Reason for termination</li> <li>Projected income and untaxed income to the end of 2024 or a 2023 <b>signed</b> 2023 Federal Tax Return - (IRS Form 1040 &amp; applicable schedules 1-3) &amp; 2023 W-2's</li> </ol> </li> <li>Copy of document from provider stating termination of benefits</li> <li>2022 <b>signed</b> Federal Tax Return (Form 1040 &amp; applicable schedules 1-3 &amp; 2022 W-2's</li> <li>Verification Worksheet 2024-2025</li> </ol>
Liquidation or Foreclosure	<ol style="list-style-type: none"> <li>Letter Listing:               <ol style="list-style-type: none"> <li>Type of asset liquidated</li> <li>Gross sales proceeds</li> <li>List of where proceeds were applied</li> </ol> </li> <li>Copy of foreclosure notice</li> <li>2022 <b>signed</b> Federal Tax Return (Form 1040 &amp; applicable schedules 1-3)</li> <li>Verification Worksheet 2024-2025</li> </ol>
Loss of Employment (Unemployed at least 12 weeks with change in employment after Jan 1, 2024)	<ol style="list-style-type: none"> <li>Letter listing:               <ol style="list-style-type: none"> <li>Who lost employment</li> <li>Reason for loss of employment</li> <li>Income earned and untaxed income (Worker's Compensation, unemployment benefits, disability Benefits, etc.) to date of termination (per family member)</li> <li>Projected income and untaxed income to the end of 2023 or a 2022 Tax Return Transcript or <b>signed</b> 2022 Federal Tax Return (IRS Form 1040 &amp; applicable schedules 1-3) &amp; 2022 W-2's</li> </ol> </li> <li>Copy of last pay stub from employer</li> <li>2022 <b>signed</b> Federal Tax Return (Form 1040 &amp; applicable schedules 1-3 &amp; 2022 W-2's</li> <li>Verification Worksheet 2024-2025</li> </ol>
Medical Expenses	<ol style="list-style-type: none"> <li>Letter listing:               <ol style="list-style-type: none"> <li>Who incurred the expense(s)</li> </ol> </li> <li>List of medical expenses incurred (<b>only bills that are paid or on a payment plan will be considered</b>)</li> <li>Copy of Explanation of Benefits from insurance carrier</li> <li>Copy of medical bills</li> </ol>

Revised 02/2024