



Name of Student Applicant: _____	
Student ID Number: _____	
Home Phone Number: _____	Work/Cell Phone Number: _____
Parent Phone Number: _____	

### **Purpose Statement**

When students and/or their families experience a change in circumstances (such as loss of income or an increase in non-discretionary expenses), the income information they provided on their FAFSA or the cost of attendance established by the Financial Aid Office (FAO) may no longer accurately reflect their financial situation. In some cases, the FAO may be able to adjust income information or the cost of attendance based on these "special circumstances." **Please note: Adjustments to income or cost of attendance do not guarantee additional financial aid.**

### **How to complete this form:**

1. Complete the 2024-2025 FAFSA
2. Submit any requested documents to complete FAFSA process (verification form, tax returns, etc.)
3. Review the "Special Circumstances" described on the following pages. These include 1. Loss of Income, 2. Death, 3. Separation or Divorce, 4. Other Special Circumstance. If any of these apply to you, your spouse, and/or your parent(s), you must provide the FAO with all pertinent documentation as noted in this document for a review of your circumstance.
4. Submit this completed form and all required documents by mail to the address below.
5. Please allow up to 2 weeks for processing. You will be notified when a decision has been made.

**Note:** In order to make changes to your 2024-25 FAFSA information, we may require additional documentation to substantiate your situation. Special consideration forms will not be processed until we have all of the necessary documents.

***Incomplete or unsigned applications will not be processed.***

### **Please send completed forms to:**

McPherson College  
ATTN: Financial Aid  
1600 E Euclid  
McPherson, KS 67460

## TYPES OF UNUSUAL CIRCUMSTANCES

### I. Loss of Income

Complete this section if you, your spouse, or parent (if dependent) received income in 2022 that has been reduced or terminated during 2024. Please provide the required information detailed below.

#### For all loss of income situations, you will need to provide the following:

1. Statement explaining your situation in detail (please use bottom of last page). In your statement also include:
  - Name of person experiencing the loss
  - Relationship of this person to the student
  - Type of loss (job termination, change of job, retirement, etc.)
  - Dates of employment (former and current)
  - How expected income for the rest of the year was calculated (B questions in boxes below)
2. Answer the appropriate income questions in one or both boxes below. Please report **gross** amounts (pretax and deductions) and include all forms of income received and expected. If the person experiencing the loss is married, make sure to also answer the questions about the spouse's current income as well.
3. Attach documentation that substantiates the figures below (pay stubs, employer statements, etc).

#### For Parental Loss of income. Complete this section only if parental income is on the 2024-25 FAFSA

Answer the following questions about the parent/stepparent experiencing the loss of income

- A. In 2024, what is the gross amount of income this parent received from January 1 through today? \$ \_\_\_\_\_
- B. What is the gross amount of income that this parent expects to receive today through December 31? \$ \_\_\_\_\_

**If parent above is married**, please answer the following questions about your other parent/stepparent

- A. In 2024, what is the gross amount of income this parent received from January 1 through today? \$ \_\_\_\_\_
- B. What is the gross amount of income that this parent expects to receive today through December 31? \$ \_\_\_\_\_

#### For Student and/or a Spouses Loss of income.

Answer the following questions about your (student) income or loss of income

- A. In 2024, what is the gross amount of income you received from January 1 through today? \$ \_\_\_\_\_
- B. What is the gross amount of income that you expect to receive today through December 31? \$ \_\_\_\_\_

**If married**, answer the following questions about your spouse's income or loss of income

- A. In 2024, what is the gross amount of income that your spouse received from January 1 through today? \$ \_\_\_\_\_
- B. What is the gross amount of income that your spouse expects to receive today through December 31? \$ \_\_\_\_\_

**II. Death**

Complete this section if your parent(s) or spouse has died after completion of the 2024-25 FAFSA

Name of deceased \_\_\_\_\_ Relationship to Student \_\_\_\_\_

1. Please complete the loss of income section of this form, if necessary, to report how this might affect household income in 2024.
2. Attach a copy of the death certificate, obituary, or memorial program.

**III. Separation or Divorce**

Complete this section if you or the parents listed on the FAFSA separated or divorced after completion of the 2024-25 FAFSA.

1. Please circle whom this pertains to: Parents      Student
2. Date of Separation or Divorce: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Attach a copy of the separation or divorce agreement or letter from an attorney documenting legal proceedings have begun. If this is not a legal separation, and such documents are not available, please indicate here: \_\_\_\_
4. Attach a signed copy of 2022 tax return and schedules. Also attach all W-2's, 1099's, etc to separate out parental income.
5. Complete the following chart **only** if the separation/divorce circumstance applies to you.

Name of Household Member	Age	Relationship to student

List additional members on separate sheet of paper or on page 5 if necessary.

**IV. Other Special Circumstances**

Complete this section if you, your spouse, or parent(s) had a special circumstance not already listed on this form and wish to have it evaluated

1. Please explain your unusual circumstance in detail (please use bottom of last page).
2. Attach documentation that substantiates your circumstance.

# Certification Statement

All of the information provided on this form is true and complete to the best of my knowledge. If requested, I agree to provide additional documentation as needed. I realize that underestimating projected income could result in reduced eligibility, repayment of financial aid or both. I further understand that purposefully giving false or misleading information to obtain student financial aid may subject me to fines or other penalties.

By signing below:

- ✓ I confirm that I have answered all questions that apply to my circumstance(s).
- ✓ I confirm that I have attached all documentation that is needed.
- ✓ I give permission to the financial aid office at McPherson College to make corrections to my 2024-25 FAFSA if a special circumstance would require such action.

The student (and at least one parent, if parental information is given) must sign below (not typed), or this document will not be processed.

Student Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*(If spousal information is provided on this form)*

Parent Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*(If parental information is provided on this form)*

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Please use the section below for explanation of any requested information on previous pages.  
Please attach additional pages as necessary.