

2025-2026 SPECIAL CIRCUMSTANCES APPEAL - DEPENDENT

Directions - If you have extenuating circumstances that the standard federal formula of analyzing need does not consider, please complete this form and return it to our office. Processing time for these appeals can be **up to four weeks.** All documents are required prior to the appeal being reviewed. Incomplete appeals will not be reviewed. After the appeal is reviewed, you will receive an email with a decision status and any changes if applicable. If you have any questions please reach out to the Office of Financial Aid, Finaid@stmartin.edu, 360-688-2150 or visit Old Main 250.

PART A. STUDENT INFORMATION					
Name (last, first, middle initial)		Student ID# 000	Phone (include area code)		
PART B. TY	PART B. TYPE OF SPECIAL CIRCUMSTANCE				
(x) Che	(x) Check all that apply and submit the required documents. This includes a personal statement.				
1. Le 2. Co 3. Sta	rement: etter of separation from employer(s) opy of last pay stub showing year-to-date income atement of retirement benefits, if applicable opies of 2024 W2s of any other job and/or for non-retiring	g parent, if applicable OR W	/age Transcripts via IRS.gov		
1. Co 2. Sig 3. Co	Death of Parent after 2023 tax year: 1. Copy of death certificate or obituary notice with dates 2. Signed copy of 2024 1040 IRS Tax Return and all schedules that were filed with the returns OR Tax Transcripts via IRS.gov 3. Copies of 2024 W2s for surviving parent OR Wage Transcripts via IRS.gov 4. Dependent Verification Form				
Loss	Loss of Employment Due to Layoff or Termination:				
2. Pro 3. Co 4. Co	 Letter/email on employer company letterhead with last date of employment Proof of severance/buy-out package, if applicable Copy of unemployment benefits OR statement of ineligibility Copy of last pay stub showing year-to-date income Copies of 2024 W2s for employed parent OR Wage Transcripts via IRS.gov, if applicable 				
1. Le 2. Co	nge in Employment Status (i.e., full-time to part-time or retter/email on employer company letterhead with the chatopy of last pay stub showing year-to-date income opies of 2024 W2s for unaffected employed parent OR Wa	nge effective date and wag	-		
1. · · · · · · · · · · · · · · · · · · ·	of Other Income (e.g., child support, social security, unem Third-party documentation showing evidence of loss of in support payments) Recent evidence of prior income received from source Signed copy of 2024 1040 Tax Return and all schedules th IRS.gov	ncome (e.g., court documen	-		
One- 1. Th 2. Do	Time Income (e.g., IRA or pension distribution, inheritantial independent of income type and amount ocumentation of how the funds were spent or invested gned copy of 2024 1040 Tax Return and all schedules that		OR IRS Tax Transcripts via IRS.gov		
1. (2. 1 3. 1 4. 1 5. 5 6. (7. 1	ital Separation/Divorce after 2023 tax year: Copy of divorce decree or documentation of separation (content of separate residences Explanation of when divorce will be filed and when separate Documentation verifying child support you are receiving for Signed copy of 2024 1040 Tax Return and all schedules the financial support over 12 months OR IRS Tax Transcripts Copies of 2023 W2s for both parents Last pay stub for parent providing the most financial sup Dependent Verification Worksheet	ation started or minor children, if applica at were filed with the retur via IRS.gov	able		

K-12 Private School Tuition*:

- Letter or student bill from the child's school stating the 2025-26 tuition minus scholarships/discounts. Must identify the child by name.
- *Cannot accept monthly payment plan statement

Non-reimbursed Medical/Dental Expenses:

- 1. Proof of out-of-pocket payment of medical/dental expenses for calendar year 2024 and/or 2025 (do NOT submit explanation of benefits or invoices; must be receipts of payment)
- 2. Signed copy of 2024 1040 Tax Return and all schedules that were filed with the returns, including itemized deduction worksheet, if applicable OR IRS Tax Transcripts via IRS.gov

Part C. Required - Statement of Explanation

Please attach Statement of Explanation on a separate sheet or via email

Part D. Certification

You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered.

Student Signature	Date
x	

Return this form to:

Office of Financial Aid - Old Main 250

Email: Finaid@stmartin.edu
Phone: (360) 688-2150
Upload via Secure Drop Box:



Office of Financial Aid Use Only:				
Scanned to Jbod:				
Processed by:				
Global Comments in PFAIDS:				