

2025-2026 SPECIAL CIRCUMSTANCES APPEAL – INDEPENDENT

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. Type of Special Circumstance				
(x)	Check all that apply and submit the required docum	ents. This includes	a personal statement.	
	Retirement: 1. Letter of separation from employer(s) 2. Copy of last pay stub showing year-to-date income 3. Statement of retirement benefits, if applicable 4. Copies of 2024 W2s of any other job and/or for non-retiring spouse, if applicable OR Wage Transcripts via IRS.gov Death of Spouse after 2023 tax year: 1. Copy of death certificate or obituary notice with dates			
	 Signed copy of 2024 1040 IRS Tax Return and all schedules that were filed with the returns OR Tax Transcripts via IRS.gov Copies of 2024 W2s for student OR Wage Transcripts via IRS.gov Independent Verification Worksheet 			
	Loss of Employment Due to Layoff or Termination: 1. Letter/email on employer company letterhead with last date of employment 2. Proof of severance/buy-out package, if applicable 3. Copy of unemployment benefits OR statement of ineligibility 4. Copy of last pay stub showing year-to-date income 5. Copies of 2024 W2s for employed spouse OR Wage Transcripts via IRS.gov, if applicable			
	Change in Employment Status (i.e., full-time to part-time or reduction in wages): 1. Letter/email on employer company letterhead with the change effective date and wage adjustment 2. Copy of last pay stub showing year-to-date income 3. Copies of 2024 W2s for unaffected employed student/spouse OR Wage Transcripts via IRS.gov, if applicable			
	 Loss of Other Income (e.g., child support, social security, unemployment): Third-party documentation showing evidence of loss of income (e.g., court documents showing cessation of child support payments) Recent evidence of prior income received from source Signed copy of 2024 1040 Tax Return and all schedules that were filed with the returns OR IRS Tax Transcripts via IRS.gov One-Time Income (e.g., IRA or pension distribution, inheritance, gambling winnings): 			
	 Third-party documentation of income type and amount Documentation of how the funds were spent or invested Signed copy of 2024 1040 Tax Return and all schedules that were spent or invested 		rn OR IRS Tax Transcripts via IRS.gov	
	Marital Separation/Divorce after 2023 tax year: 1. Copy of divorce decree or documentation of separation (court documents or attorney's letter) 2. Proof of separate residences 3. Explanation of when divorce will be filed and when separation started 4. Signed copy of 2024 1040 Tax Return and all schedules that were filed with the return OR IRS Tax Transcripts via IRS.gov 5. Copies of 2023 W2s for student and spouse 6. Last pay stub for student 7. Independent Verification Worksheet			
	 K-12 Private School Tuition*: 1. 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: _____