

**2026 – 2027
Special Circumstance Form**

A family's 2024 total income is used in determining eligibility for student financial aid in the 2026-27 academic year on the FAFSA. However, there may be circumstances that drastically alter a family's financial picture and hinder a family's ability to assist in educational expenses. In such cases, the 2025 and/or 2026 income may be utilized to assess financial need. ***Results from the 2026-27 Free Application for Federal Student Aid (FAFSA) must be on file with the Goldfarb School of Nursing/Barnes Jewish College Financial Aid Office before a Professional Judgment is considered.***

Student Information

Name: _____ Student #: A _____

Address: _____
Street City State Zip Code

Phone #: _____

Parental Information (as indicated on the FAFSA)

Father/Stepfather Name: _____

Mother/Stepmother Name: _____

Parent's Address: _____
Street Phone

City State Zip Code

Instructions:

- 1) Please indicate the reason(s) for your income reduction / extraordinary expense on page 2, complete *ALL* sections on page 3, and attach the required documentation as indicated.
- 2) Include your typed summary of your circumstance as outlined on page 2. Handwritten summaries will not be accepted.
- 3) Student Financial Aid will finalize your appeal upon receipt of the Special Circumstance Form and the requested documentation. Please allow up to 3-4 weeks for processing and to learn if any new or additional aid eligibility has been awarded. There is no guarantee of new/additional aid based on appealing.

OFFICE USE ONLY

Prior Year PJ: ____ Yes ____ No

Comments: _____

Not Eligible for PJ

PJ Approved

PJ Denied

Student chose not to pursue

Old SAI _____ New SAI _____

Administrator _____ Date _____

Income Reduction Reason(s): Please indicate the reason for your change request. Mark all that apply and attach the required documentation

☐ **Loss / Change in Employment**

- Attach letter or notification from employer regarding loss of job or change in job status
- Copy of most recent paystub or statement of earnings for 2025/26 for you/your spouse, if applicable, or both parents
- Notice of application for Unemployment benefits, specifically, the Maximum Benefit Letter detailing the amount received
- Signed and dated copy of 2025 tax return for you / your spouse, or both parents

☐ **Separation / Divorce**

- Attach separation papers or agreement, divorce decree/settlement, or letter from a participating attorney or mediator stating marital status, OR if no formal agreement is initiated, please document separate residences
- Attach copies of your 2025 federal income tax return and either a state income tax return or W'2(s)

☐ **Death of Parent or Spouse**

- Name and relationship to student _____
- Please provide the date of parent or spouse's death _____
- Attach copies of your 2025 federal income tax return and either a state income tax return or W'2(s)

☐ **One-time Income**

- Provide the source, amount of income, and reason funds are not available for educational purposes in the *summary* section of this form _____
Attach copy of your 2025 federal income tax return and other appropriate documentation for one-time income received

☐ **Loss of Benefits**

- *Child Support*
 - Attach copy of Court or Child Service Agency documents stating benefit ending date and monthly amount received
- *Social Security*
 - Attach copy of notification of loss of social security income stating benefit ending date and monthly amount received
- *Unemployment Benefits*
 - Attach copy of notification of loss of unemployment income stating benefit ending date and monthly amount received

☐ **Other** _____

- Please indicate the reason and provide the appropriate documentation

Extraordinary Expense(s): Please indicate the expense for which you are requesting consideration. Mark that which applies and attach the required documentation.

☐ **Medical / Dental** (*Insurance premiums and expenses covered by insurance may not be included in this total*)

- Attach a copy of your and/or your parents' Schedule A of the 2025 Federal Income Tax Return or copies of PAID receipts of canceled checks incurred throughout 2025 (*expense must be reduced by 7.5% of the AGI*)

☐ **Elementary and Secondary Tuition Payments**

- Include a signed statement, payment summary, or billing detail from the elementary or secondary school stating tuition paid or to be paid for the 2026-27 academic year minus any waiver, discount, or financial aid.

☐ **Other Members of Household in College**

- Include a signed statement, payment summary, or billing detail from the college(s) stating tuition paid or to be paid for the 2026-27 academic year minus any waiver, discount, or financial aid.

☐ **Childcare / Daycare Payments**

- Include a signed statement, payment summary, or billing detail from childcare provider stating weekly childcare fee, amount subsidized by scholarship or State and/or Federal assistance programs, and the final weekly fee amount paid by the parent
- Indicate the first date your child was enrolled _____

Please provide the following household information

Household Information: (Please include the Student & ALL other household members)

Name	Relationship to Student	Age	College/Elementary/Secondary School Attending
1.			
2.			
3.			
4.			
5.			
6.			
7.			

SUMMARY

A typed summary must be included with the appeal. Please be specific regarding your situation as to what and when (specific dates) your special circumstance occurred. If information received is not specific enough, the Financial Aid office may request additional information which will delay the processing of the appeal.

I certify that the information provided in this appeal is true and complete to the best of my knowledge. If my situation changes, then I am responsible for notifying the Student Financial Aid Office of any estimate changes. I also agree to provide additional proof of the information given if requested by Student Financial Aid. I understand that if the information is incomplete or lacks the required documentation, no action will be taken. There is no guarantee that by submitting a Special Circumstance appeal additional aid will be received by the student. By signing this worksheet, I (we) certify that all of the information to qualify for federal financial aid is complete and correct. I understand that giving false or misleading information on this worksheet can result in a fine, jail sentence, or both.

Student Signature

Date

Parent or Spouse Signature

Date

Please submit all documentation to the Financial Aid office by mail, fax (314)362-2132, or by email (financialaid@barnesjewishcollege.edu) if a current Goldfarb student.