



2025-2026 **SPECIAL CIRCUMSTANCES:**
CHANGE TO FINANCIAL SITUATION



INDIANA WESLEYAN UNIVERSITY

Student Identification			
_____	M.I.	_____	
First Name		Last Name	
_____	OR	()	-
Student ID	Last 4 Digits of SSN	Phone Number	

Please indicate the situation that has caused a decrease in income from the 2023 calendar year.

Loss of Job

For an independent student, the student or the student’s spouse or, for a dependent student, the parent or the parent’s spouse/partner becomes unemployed after the 2023 calendar year.

Change of Job

For an independent student, the student or the student’s spouse or, for a dependent student, the parent or the parent’s spouse/partner experiences a change in employment after the 2023 calendar year.

Decrease in Hours Worked

For an independent student, the student or the student’s spouse or, for a dependent student, the parent or the parent’s spouse/partner experiences a decrease in hours worked after after the 2023 calendar year.

Family Member Affected

Indicate the family member affected by a loss or change of job/income. If more than one family member has been affected by a loss or change of job/income, please complete a separate form for each.

Independent Student	Dependent Student
Student Student's Spouse	Student’s Parent Parent's Spouse/Partner
Name of the affected family member: _____	
Date of employment loss or change: _____	
Date of new employment, if applicable: _____	
If one was filed, does the affected family member's 2024 federal income tax return accurately reflect the current financial situation? Yes No N/A	
If you answered "Yes" to the above question, please attach a signed copy of the 2024 federal income tax return and skip to the Certification and Signature section of this form. Otherwise, complete the following charts.	

Gross Income

In the chart below, please indicate anticipated monthly gross income from work (wages) of the family member affected by the loss or change of job/income **beginning with the month this form is submitted**. **Please complete the chart entirely.**

Month Name and Year	Month 1 _____	Month 2 _____	Month 3 _____	Month 4 _____	Month 5 _____	Month 6 _____
Gross Income						
Month Name and Year	Month 7 _____	Month 8 _____	Month 9 _____	Month 10 _____	Month 11 _____	Month 12 _____
Gross Income						

CONTINUED ON NEXT PAGE This form is not valid until you have signed and dated the next page



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Gross Benefits

In the chart below, please indicate anticipated monthly gross funds received from benefits, such as severance pay, unemployment, disability, and current employment benefits (auto allowance, travel, etc.), by the family member affected **beginning with the month this form is submitted**. Complete the chart entirely.

Month Name and Year	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Gross Benefits						
Month Name and Year	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Gross Benefits						

Requested Documentation

Attach the following documentation:

- a. 2024 federal income tax return (if one was filed)
- b. If a 2024 federal income tax return was not filed, 2024 W2 form(s) for student and spouse, if applicable, for independent students; or, student’s parent and parent's spouse or partner, if applicable, for dependent students

If the 2024 federal income tax return does *not* accurately reflect the current financial situation or if one was not filed:

- c. Pay stub prior to the loss or change
- d. Pay stub after the change, if applicable
- e. Online printout of unemployment benefits (if applicable)

Certifications and Signatures: I certify the information provided is complete and true to the best of my knowledge. Furthermore, I agree to contact the Financial Aid Office at the time there are changes to the situation on which the request for exception has been founded. I understand that changes made to my student financial aid eligibility based upon the information provided may affect only the student financial aid received at Indiana Wesleyan University for the 2025-2026 award year.

Student Signature*	Date
Parent Signature (for dependent student only)*	Date

* Must be an actual “wet” signature. A digital signature or typed font signature is not acceptable. This form may be completed and “wet” signed via a tablet or smartphone with PDF signing capability using a stylus pen. You may need to download an app to access this feature.

IMPORTANT: *Indiana Wesleyan University’s Financial Aid Office will honor special circumstances documentation submissions made no later than two weeks prior to when the student ceases attendance for the applicable award year. We cannot guarantee a review of submissions made after this date and no consideration will be given to submissions made after the student ceases to attend.*

Mail, fax, email, or deliver the completed worksheet to the Financial Aid Office using the contact information listed below.

EMAILED FORMS MUST BE SENT FROM THE IWU STUDENT EMAIL ACCOUNT