



2026-2027 Special Circumstance Appeal Form

Section 1: Student Information

Student Name:		W#:	
Email Address:		Phone:	

Section 2: Instructions

The Higher Education Act allows financial aid administrators to address special circumstances utilizing professional judgment. The professional judgment process may allow the University of Wyoming's Office of Scholarships & Financial Aid to offer additional forms of financial aid by modifying FAFSA data and/or adjusting a student's Cost of Attendance (COA). While we welcome the opportunity to review a family's unique situation, we cannot guarantee that each review will produce a specific, desired outcome.

Required Documents for Appeal Review

- Completed and submitted 2026-2027 FAFSA Application
- Federal Tax Returns for the two most recent tax years (2024 and 2025)
- Written explanation of circumstances
- Supporting documentation

Section 3: Circumstance for Appeal and Applicable Documentation

- A. **All special circumstances must be explained in writing with appropriate supporting documentation.**
- B. See the list below of common situations we can review, along with a checklist of supporting documentation that must be included. **Check all that apply to your situation.**
- C. Written explanations should include specific dates and reasons as to when, and why, changes occurred. It must list events in chronological order along with how the change impacts your family's ability to contribute towards educational expenses.

Common Situations

- | | |
|---|--|
| <input type="checkbox"/> REDUCTION OF INCOME: Student/Parent continuing unemployment or had a significant reduction of income since filing the 2025 tax return. We will not review a special circumstance due to loss of employment unless three (3) months have passed since the last date of employment. | |
| <input checked="" type="checkbox"/> Include letter explaining change in circumstances | <input checked="" type="checkbox"/> Include employment benefit or denial letter |
| <input checked="" type="checkbox"/> Include last check stub(s) from previous employer | <input checked="" type="checkbox"/> Include a signed copy of your 2024 and 2025 1040 tax returns and W-2s for all income earners |
| <input checked="" type="checkbox"/> Include letter from previous employer stating date of termination | <input checked="" type="checkbox"/> Include the latest statement of unemployment benefits received, if applicable |

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<input type="checkbox"/>	<p>DEDUCTION OF ONE-TIME PAYMENT: Student/Parent received a ONE-TIME PAYMENT (pension, IRA, annuities, gambling winnings, settlement, capital gains, etc.)</p> <ul style="list-style-type: none"> ✓ Include letter explaining change in circumstances ✓ Include explanation and documentation of how one-time payment was spent ✓ Include a signed copy of your 2024 and 2025 1040 tax returns and W-2s for all income earners ✓ Include verification of the amount of the one-time payment
<input type="checkbox"/>	<p>SEPARATION OR DIVORCE: Parent/Student filed 2024 joint return but has since separated or divorced.</p> <ul style="list-style-type: none"> ✓ Include letter explaining change in circumstances ✓ Include documentation verifying separation or divorce (attorney letter, court documentation, etc.) ✓ Include a signed copy of your 2024 and 2025 1040 tax returns and W-2s, or a 2024 and 2025 Tax Return Transcript and W-2s
<input type="checkbox"/>	<p>DEATH OF A PARENT (DEPENDENT), OR STUDENT'S SPOUSE (INDEPENDENT STUDENT): Parent or Student's Spouse passed away after the FAFSA was filed.</p> <ul style="list-style-type: none"> ✓ Include letter explaining change in circumstances ✓ Include copy of Death Certificate ✓ Include statement of death benefits received (amounts and duration) ✓ If joint return was filed, include documentation to show separate sources of income ✓ Include a signed copy of your 2024 and 2025 1040 tax returns and W-2s, or a 2024 and 2025 Tax Return Transcript and W-2s
<input type="checkbox"/>	<p>UNUSUAL MEDICAL/DENTAL EXPENSES: Student/Parent has unusual medical/dental expenses not covered by insurance or included as a deduction on your 1040 tax return, or Dependent/Elderly Care expenses.</p> <ul style="list-style-type: none"> ✓ Include letter explaining change in circumstances ✓ Include copy of bill(s) and receipt(s) of unreimbursed payments ✓ Include a signed copy of your 2024 and 2025 tax returns and W-2s, or a 2024 and 2025 Tax Return Transcript and W-2s ✓ Include detailed breakdown of expense (elderly care, medical, etc.) and Schedule A from taxes, if filed
<input type="checkbox"/>	<p>NUMBER OF STUDENTS IN COLLEGE – Student/Parent's family includes additional dependent students (undergraduate students under 24 years old) that will attend college full-time for the 2026-2027 school year that are not accounted for on the FAFSA.</p> <p><u>Parents must provide more than half of each student's financial support</u></p> <ul style="list-style-type: none"> ✓ Include letter explaining how additional dependent student(s) in college creates a financial hardship ✓ Provide details on the amount of tuition and fees paid to the additional dependent student(s) institution. The amount listed must take into account the financial aid received from the other institution(s)
<input type="checkbox"/>	<p>OTHER UNUSUAL CIRCUMSTANCES – Student/Parent has other unusual circumstances not reflected in the FAFSA. Our office can only consider adjustments with detailed documentation. Please include as much numerical data as possible to explain your circumstance.</p> <ul style="list-style-type: none"> ✓ Include letter explaining change in circumstances ✓ Include a signed copy of your 2024 and 2025 tax returns and W-2s

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**ESTIMATED 2026 INCOME – REQUIRED IF THE LOSS OF INCOME
OCCURRED DURING THE 2026 CALENDAR YEAR**

Provide your best estimate of the amounts you will receive from all sources (include taxable and non-taxable income) from January 1, 2026 to December 31, 2026. If completing this form after December 31, 2026, please provide calendar year 2026 totals only.

Student Information (and Student Spouse FAFSA Contributor, if married)					
Please indicate amounts for each category of income below. If no income in a category, write in "0".	Actual from 1/1/2026 to today	+	Projected from today through 12/31/2026	=	Projected total for year 2026
TAXABLE INCOME					
Student Earnings from Work (attach most recent pay stub)	\$		\$		\$
Spouse (Contributor) Earnings from Work (attach most recent pay stub)	\$		\$		\$
Taxable Interest Income	\$		\$		\$
Social Security Benefits	\$		\$		\$
Other (describe):	\$		\$		\$
Total Taxable Income	\$	+	\$	=	\$
UNTAXED INCOME					
Cash support or money paid on your behalf	\$		\$		\$
Tax exempt interest income	\$		\$		\$
Other (describe):	\$		\$		\$
Total Untaxed Income	\$	+	\$	=	\$

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Parent FAFSA Contributor(s) Information (DEPENDENT STUDENTS ONLY)

Please indicate amounts for each category of income below. If no income in a category, write in "0".	Actual from 1/1/2026 to today	+	Projected from today through 12/31/2026	=	Projected total for year 2026
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TAXABLE INCOME

Parent (Contributor) #1 Earnings from Work (attach most recent pay stub)	\$		\$		\$
Parent (Contributor) #2 Earnings from Work (attach most recent pay stub)	\$		\$		\$
Taxable Interest Income	\$		\$		\$
Business/Farm Income	\$		\$		\$
Unemployment Compensation	\$		\$		\$
IRA Distributions (taxable portion only)	\$		\$		\$
Social Security Benefits	\$		\$		\$
Severance Pay	\$		\$		\$
Vacation & Sick Pay	\$		\$		\$
Other (describe):	\$		\$		\$
<i>Total Taxable Income</i>	\$	+	\$	=	\$

UNTAXED INCOME

Workers' Compensation and/or Disability Benefits	\$		\$		\$
Welfare benefits (AFDC/TANF)	\$		\$		\$
Child support received	\$		\$		\$
Payments to tax-deferred pensions/savings plans	\$		\$		\$
Deductible IRA and/or Keogh payments	\$		\$		\$
Tax exempt interest income	\$		\$		\$
Living allowances (as for military and/or clergy, etc.)	\$		\$		\$
Other (describe):	\$		\$		\$
<i>Total Untaxed Income</i>	\$	+	\$	=	\$

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Section 4: Signature and Certification

Each person signing below certifies that all information reported is complete and accurate. The student, and their FAFSA contributor(s) (if applicable) whose information was reported on the FAFSA, must sign and date. Typed signatures are not accepted.

Warning: *If you purposefully give false or misleading information on this form, you may be fined, sent to prison, or both.*

Student Signature	Date
FAFSA Contributor Signature (if applicable)	Date

Please return completed form via Secure File Upload: www.uwyo.edu/sfa/forms/upload.html