

Financial Aid Special Circumstances Form 2025-2026

Name				
Last			First	MI
Student ID	1	Phone Number		
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the Free Applica education at Rey finances when c due to extraordii	tion for Financial ynolds Communit ompared to the 2 nary expenses. E y filed a 2025-20	Federal Student A cy College. These of 022 income reporte Before the Financi	ou and your family to report unusual circ id (FAFSA) that you believe affect your circumstances may be conditions that ne ed on the 2024-2025 FAFSA or adverse al Aid Office can review the informati impleted the verification process if yo	ability to contribute to your egatively impacted your 2023 ly affect your current income ion on this form, you must
	stent. Likewise, e		n may not be updated if your income red mer goods and lifestyle choices may no	
requested docun	nentation. Incom	plete forms and f	opriate to your circumstances. It is your orms without the appropriate docume basis. All decisions are final.	
			consideration request and attach the rves the right to request additional d	
FAF:	SA . Documentati		ses that were incurred during the tax of 2023 IRS Tax Return transcript and efits forms.	
			ccurred since the FAFSA was filed. Do	
			on. Documentation needed: Letter from d 2023 IRS Tax Return Transcript.	unemployment office stating
	A copy of the W2 statement of Letter from sick leave processes Letter from Letter from Copy of final Copy of more	ion, or reduction in the 2023 AND 2024 ents for these taxy previous employer pay out. all pay stub from presuments offices recent pay stub from stub from presuments of the control of th	documenting effective dates and severa	I. Documentation needed: including all schedules and ance, vacation, personal and efits received.
☐ E. Oth	ner. Documentati	ion needed may va	<i>ry</i> . Please explain your circumstance be	elow.

2.	Please explain in detail the reason(s) for your request f income reduction or unusual medical/dental expenses.	
my (or to prise emplo Finanda A pare	ication Statement: I (we) certify that the information provided ur) knowledge. If I (we) provide false or misleading information on, or both. I (we) understand that should the circumstance(soment and/or receipt of monies not available at the time of succial Aid immediately of these changes. The ent's signature is only necessary when you were required to propose a signature of the entire that the time of success and the entire that the time of success and the entire that th	n, I (we) understand that I may be fined \$20,000, sent i) identified in this form change due to subsequent ubmission of this form, I (we) will notify the Office of
	Student Signature	Date
-	Parent Signature	Date

Signatures must be hand drawn or acceptable electronic signatures (typed names in script fonts are not acceptable). Submit this form through the upload tool by clicking on the to-do list item in the MyReynolds SIS Student Services Center to-do list, fax to (804) 371-3739, or submit to the Financial Aid Office in person.

More information can be found at https://www.reynolds.edu/pay_for_college/financial_aid/forms/index.html