

2026-27 Special Circumstance Form

Student Name _____ Student ID _____

As set forth by the United States Department of Education, though this is not an exhaustive list, the following items can be considered to determine if a student is eligible for additional financial aid. However, this process will require that we make corrections to your FAFSA Submission Summary (FSS). In rare cases it may cause the Student Aid Index (SAI) to increase, thus resulting in a loss of aid. You must submit proof of your circumstances. You can view financial aid deadlines [here](#).

ALL SPECIAL CIRCUMSTANCE REQUESTS MUST INCLUDE:

- 1) An attached statement with a detailed description of your family circumstances, including all relevant dates and amounts. Please explain how this information differs from the information submitted on your FAFSA. (*statement must be signed and dated*)
- 2) 2024 IRS Tax Return Transcript OR signed copy of federal tax return, including tax schedules.
- 3) Copies of all W-2 and/or 1099 forms from 2025 & 2026 years
- 4) Proof of your circumstance(s). See below for the general list of acceptable documents.

Circumstance	Required Documents
Job loss (after 10 weeks) or work hours/income reduction MUST wait 10 weeks from the last day worked to submit this request.	<ul style="list-style-type: none"> • MUST complete the 2026-27 Monthly Budget Worksheet to reflect an accurate portrayal of your current finances • Separation papers from employer that state last day of employment (or date of work hours/income reduced), signed and dated • Copies of last two pay stubs from former employer showing total Year-To-Date income earned. • Documentation of severance pay, or vacation or other benefits paid out from former employer. • Copy of two most recent current year pay stubs from current employer (if applicable) for both parents, or student/spouse • Documentation from unemployment agency detailing amount of benefits. (Copy of your MiWam correspondence page)
Retirement	<ul style="list-style-type: none"> • Statement of retirement that states when and how much your pension will be and retirement and social security pay statements
Disability	<ul style="list-style-type: none"> • Disability determination documentation for the previous year and taxes
Death of parent	<ul style="list-style-type: none"> • Death Certificate of Parent & Birth Certificate of student
Parent divorce or separation (for dependent students)	<ul style="list-style-type: none"> • Full divorce/separation documentation (court documents) • Last full years taxes (both Federal and State) signed and dated • Statement of who the contributor is • Documentation of two separate households
Student divorce or separation (for independent students)	<ul style="list-style-type: none"> • Full divorce/separation documentation (court documents) • Documentation of two separate households

Follow-up requests for additional documentation may be expected by the student/family submitting this request if deemed necessary by our office to fully capture a comprehensive review of the family's circumstances.

If your explanation will disclose incidents of sexual misconduct (including but not limited to sexual assault, sexual harassment, stalking, dating violence, domestic violence) that information will be forwarded to our Title IX Coordinator via our SC Aware reporting process. You will receive an email providing an opportunity to meet, access resources, and to provide additional information which the college is required to send. You will not be required to provide any additional information about your situation. Additionally, if you would like to speak to a mental health specialist for support, you can request an appointment with our Student Support Specialist at 734-462-4486 or by emailing studentrelations@schoolcraft.edu

CERTIFICATION: All of the information provided by me, or any other person, on or attached to this form request is true and complete to the best of my (our) knowledge. If asked by an authorized official, I (we) agree to give proof of the information that I (we) have given on and attached to this form. I understand if I am allowed special consideration, the additional award(s) I **may** receive will be for the current academic year only and will not carry over into following years.

Parent/Contributor 1 Signature Date

Parent/Contributor 2 Signature Date

Student's Signature Date

Spouse's Signature Date

****SIGNATURES MUST BE HANDWRITTEN****

WARNING: Per federal regulation if you purposely give false or misleading information on this worksheet you may be fined, be sentenced to jail, or both