



2026-2027 SPECIAL CIRCUMSTANCES:
CHANGE TO FINANCIAL SITUATION



INDIANA WESLEYAN UNIVERSITY

Student Identification					
_____		_____	_____		
First Name		M.I.		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 2024 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 2024 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 2024 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 2024 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 2025 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 2025 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

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

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**. *Please 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. Your 2025 federal income tax return or, if a 2025 federal income tax return was not filed, 2025 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
- b. Most recent pay stub for the affected member, if applicable
- c. Online printout of unemployment benefits for the affected family member, 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 2026-2027 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