WALDORF UNIVERSITY

Office of Financial Aid

106 S. 6th St.
Forest City, IA 50436

Online: 641-585-8142
Residential: 641-585-8120
fa@waldorf.edu

2026-2027
Independent
Special Circumstance

If your family's financial situation has changed from what was reported on the 2026-2027 Free Application for Federal Student Aid (FAFSA), use this application to request an evaluation of the financial aid eligibility.

Complete this application only if you have already submitted the 2026-2027 FAFSA. Submission of this application does not guarantee an adjustment to the financial aid offer. All communication regarding this special circumstance application will be sent to the student's primary email address provided on this form. The student will be notified of any revisions to the financial aid offer.

Section A: Demographic Information

Waldorf Student Name	University ID (7 digits)	Student Email (@waldorf.edu)
Spouse's Name *(if married)*	Spouse's University ID (7 digits) *(if Waldorf University student)*	Spouse's Email

Section B: Written Explanation of Special Circumstance

☐ Please attach a separate written statement detailing your circumstances and provide any pertinent information that will help us better understand your particular situation. Make sure to **sign** your written statement once completed. **This application will be incomplete if this information is not submitted.**

Section C: Projected 2026 Income Information

Report all actual/anticipated taxable and nontaxable 2026 income (from January 1, 2026 to December 31, 2026).

Actual/Anticipated 2026 Income	Student:	Spouse:
Wages/salaries/tips/severance	$	$
Income from businesses (self-employment)	$	$
Other Income *(please specify)*:	$	$
Non-taxable income *(please specify)*:	$	$
Total Projected 2026 Income	$	$

Section D: Provide FAFSA Year Tax Documentation

☐ Attach a copy of your 2024 federal 1040 tax return, including all tax schedules

☐ Attach a copy of your spouse's 2024 federal 1040 tax return, including all tax schedules *(if filed separately)*

This application will be incomplete if this information is not submitted.

Section E: Special Circumstance – Check any boxes that apply to your request

Complete the items below by providing **all** applicable documents listed under each circumstance that applies to you. You may check more than one item. **This application will be incomplete if this information is not submitted.**

	REASON FOR APPEAL		REQUIRED DOCUMENTATION
☐	**A**. Loss of job/reduction in income in 2026	☐ Student ☐ Spouse	☐ Date employment ended: ___ / ___ / _____ ☐ Attach a letter from your employer regarding loss of job or change in job status ☐ Attach a copy of unemployment compensation letter or signed statement that you did or will not receive unemployment benefits ☐ Attach a copy of your three most recent pay stubs, if currently employed, or last pay stub received, if not currently employed ☐ Document any other income you will be receiving in 2026
☐	**B**. Reduced earnings due to disability or natural disaster	☐ Student ☐ Spouse	☐ Date the change occurred: ___ / ___ / _____ ☐ Attach a statement from the appropriate agency verifying disability or natural disaster ☐ Attach a recent paystub if available
☐	**C**. Loss of benefits or untaxed income in 2026	☐ Student ☐ Spouse	Child Support ☐ Attach a copy of the Court or Child Service Agency documents stating benefit ending date and monthly amount received before loss Other Untaxed Income ☐ Attach documentation verifying the change in untaxed income before loss
☐	**D**. Divorce or separation since completion of 2026-2027 FAFSA		☐ Date of separation or divorce: ___ / ___ / _____ ☐ Attach separation papers or agreement, divorce decree/settlement, a letter from a participating attorney or mediator stating marital status or ☐ Attach proof of separate residences for the student and previous spouse (utility bills, mortgage statements, rental agreements, etc.) ☐ Student's 2024 W2 or three most recent pay stubs
☐	**E**. Death of spouse since completion of 2026-2027 FAFSA		☐ Date of death: ___ / ___ / _____ ☐ Attach documentation of death (e.g., copy of death certification, obituary, and/or funeral program) ☐ Student's 2024 W2 or three most recent pay stubs
☐	**F**. Farm or farm-related conditions		☐ Three most recent years of tax returns (2024, 2023, 2022), including all schedules, including Schedule F of your 2024 federal tax return
☐	**G**. Medical/dental expenses **not paid** by insurance during the 2026 calendar year		☐ Attach proof of payment for medical, dental, and pharmacy bills that you paid out of pocket in the calendar year 2026 (do not include Explanation of Benefits from insurers) ☐ Provide documentation of the amount you pay per month, excluding employer contributions, for medical/dental insurance
☐	**H**. One-time income		☐ Attach documentation to illustrate the receipt of income you do not plan to receive again
☐	**I**. Other Special Circumstance		☐ Attach documentation to support your special circumstance

Section F: Certification Statement

All the information provided on this application is true and complete to the best of my knowledge, and I agree to give proof of this information if requested to do so. I understand that verification of my projections may be required at the end of the current year. I grant the Office of Financial Aid permission to update the FAFSA through the Federal Student Aid online correction tool to match the values found on this and other verification documents you have or will receive. ***If I underestimate my projected income or if I overestimate my projected expenses, I understand that I may be required to repay previously awarded financial aid.***

I understand that submission of a special circumstance application does not guarantee a change to the student's financial aid offer. I understand that the decision made by the Office of Financial Aid Special Circumstance advisor is final and cannot be appealed to the U.S. Department of Education.

All Special Circumstance applications are subject to review and verification of the original Free Application for Federal Student Aid (FAFSA).

Student's signature	Date
Spouse's signature (if married)	Date

This application will be incomplete if either the student or spouse (if married) signature is missing.

Please ensure all financial fields are legible. Personal information, like a Social Security Number, may be blacked out for security.

Submission Checklist

☐ **Section A** is complete

☐ Attached documentation from **Section B**

☐ **Section C** is complete

☐ Attached documentation from **Section D**

☐ Completed and attached documentation from **Section E**

☐ Student and spouse (if married) signatures complete in **Section F**

Document Submission Instructions

Documents requested by the Office of Financial Aid must be uploaded to your Student Portal.

Mailing Address:
Waldorf University
ATTN: Financial Aid
106 S. 6th St.
Forest City, IA 50436

Email
fa@waldorf.edu

Fax:
641-585-8541