



- Copy of 2024 and 2025 W-2(s), include spouse where applicable.
- Copy of 2024 IRS Tax Transcript(s), if not provided with Verification. Transcripts can be requested at [www.irs.gov/transcript](http://www.irs.gov/transcript).
- Signed copy of 2025 Federal Tax Return (We will not need Tax software worksheets, State Tax Returns or Local Tax Returns)

**Loss/Reduction of Child Support Benefit**

- Statement from Child Support Enforcement Agency showing payments for the 2024, 2025, and 2026 years with the obligor/obligee names (OR) a copy of end of year pay stub showing total amount withheld from pay for child support.
- Copy of Divorce Decree with Child Support Agreement if child/children names are not included on the statement from the Child Support Enforcement Agency or if multiple dependent children are included in the household.
- Please include the information below in the Special Circumstance Statement section at the end of this form, including the name(s) of the child/children who they will cease receiving benefits for and if they will continue to receive benefits for other dependent children. You must also include the date child support benefits end.

**One-Time-Only Distribution**

- Please explain in your statement the amount of your one-time-only distribution, how the funds were used and if any funds are remaining.
- Copy of 2024 tax document(s) reflecting distribution (i.e. W-2G, 1099-R, 1099-B, and 1099-C).
- Copy of 2024 IRS Tax Return Transcript(s), if not provided with Verification. Transcripts can be requested at [www.irs.gov/transcript](http://www.irs.gov/transcript).
- Please include the information below in the Special Circumstance Statement section at the end of this form.

**Unusual Medical Expenses (not applicable for graduate students)** - Only expenses **incurred** and **paid** in 2024 will be considered.

- Please provide details about your Special Circumstance in the Special Circumstance Statement section at the end of this form.
- Itemized account statements showing patient name, date of service, charges, and student payment, OR;
- Copy of Tax Schedule A from your 2024 IRS 1040 Federal Tax Return (if medical expenses were reported).

**Loss or Reduction of Income Due to Disability or Retirement**

- Please explain your disability or retirement change in the Special Circumstance Statement at the end of this form.
- Copy of disability or retirement benefit statement(s) showing date disability or retirement began and the monthly benefit amount.
- Copy of 2026 final pay stub(s) (if reduction in income occurred in 2026) with year-to-date earnings (if employed all/partial year).
- Copy of 2024 & 2025 W-2(s) - include spouse where applicable.
- Copy of 2024 IRS Tax Transcript(s), if not provided with Verification. Transcripts can be requested at [www.irs.gov/transcript](http://www.irs.gov/transcript).
- Signed copy of 2025 Federal Tax Return (We will not need Tax software worksheets, State Tax Returns or Local Tax Returns)
- Include information in your statement about your special circumstance.

**Other Circumstances**

- Please explain your Other Circumstance in the box provided below.


**Special Circumstance Statement**


Please provide an explanation of your Special Circumstance. It's important to include all relevant information, such as the date circumstances occurred, specific details regarding the Special Circumstance and any other information you feel will help us understand your change in circumstances.

**APPEAL PROCESS:**

1. If your appeal is approved, you will be notified by mail or email and your FAFSA Submission Summary will be reprocessed by the U.S. Department of Education with the special circumstance's information. This process could take up to four weeks.
2. If your appeal is not approved, you will be notified by mail or email and your aid will be based on the information provided on the FAFSA.

**Certification and Signatures:** I certify that all information and documentation submitted is true and correct to the best of my knowledge. If asked, I agree to provide additional proof of the information/documentation provided with this form. I authorize the University to verify any third-party documentation which I have submitted.

 **Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

 **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return this form, your letter, and supporting documentation within 2 weeks to: [finaidforms@franklin.edu](mailto:finaidforms@franklin.edu)