2026-2027 SPECIAL CIRCUMSTANCE FORM
Carroll College, Financial Aid Office

When you completed the 2026-2027 Free Application for Federal Student Aid (FAFSA), it provided us your financial situation at the time you completed the form. We know that sometimes there are special circumstances that are not reflected on the FAFSA. When appropriate and sufficient documentation is provided, it may be possible to take these circumstances into account through a process called Professional Judgement (PJ). Be aware that a PJ is performed at the discretion of each institution and does not guarantee an increase in financial aid.

Supply the following items for ALL requests:

- ☐ A completed 2026-2027 Special Circumstance Form
- ☐ A detailed, but concise narrative of the circumstances leading to the request (who, why, when)
- ☐ Signed 2025 AND 2024 **tax return transcript or tax return** for your parent(s) and/or yourself. You can request a tax return transcript online at www.irs.gov or by calling 1-800-908-9946.
- ☐ Copies of you and your parent's (if dependent) 2025 AND 2024 W-2's and schedules C and/or F of your Federal Income tax return, if applicable. If independent, include your spouse's forms.
- ☐ Verification Worksheet (available on-line: http://www.carroll.edu/finaid/forms.cc)
- ☐ Requested documentation pertaining to the specific circumstance (see below)

My 2025 or 2026 income will be significantly lower than my 2024 income reported on the FAFSA due to (check all that apply):

☐ Involuntary reduction in parent, student or spouse employment income for at least 10 weeks in 2025 or 2026. As a general rule, the actual 2025 or projected 2026 Adjusted Gross Income (AGI) should be at least **20% less** than the actual 2024 AGI before submitting documentation.

Documentation Required:

- Your last pay stub
- Statement from previous employer indicating last day of employment
- If receiving unemployment compensation, a copy of your benefits determination

☐ Unusual or excessive **2025 or 2026** medical expenses *paid* (**not covered by insurance**) that exceeds 10% of the Adjusted Gross Income reported on your 2024 Federal Income Tax Return.

Documentation Required:

- Enclose receipts and detailed listing of expenses already paid out-of-pocket and not reimbursed by insurance from January 2025 through the date of this request (please total all items).
- Schedule A of your 2025 and 2024 1040 tax form

☐ Private tuition expenses at an elementary or secondary school for other children in the household during the **2026-2027** academic year.

Documentation Required:

- Enclose official tuition statement/invoice reflecting actual charges paid/due for the **2026-2027** academic year reflecting financial aid awarded (net charges) along with canceled checks or documentation of tuition payments paid.

☐ Your parents or you and your spouse have become legally separated or divorced after submission of your original FAFSA.

Documentation Required:

- Copy of legal separation order or divorce decree
- Date of separation/divorce:____/____/____
- Documentation of expected child and/or spousal support payments

☐ Complete loss of non-taxable income, such as Child Support, Worker's Compensation and Veteran's Benefits, for at least 10 weeks in 2025 or 2026.

Documentation Required:

- Written statement from appropriate agency showing loss of benefit and termination date

☐ Your spouse or parent has died after the submission of your original FAFSA.

Documentation Required:

- Copy of death certificate

☐ Atypical one-time taxable earning such as a capital gain, 401K disbursement or moving expenses reflected on a 2023 federal income taxes return.

Documentation Required:

- Statement indicating nature of earnings
- Documentation to show what the funds were used for
- 1099-R or statement showing amount received

(PLEASE COMPLETE NEXT PAGE)

Expected 2026 Income
(January 1, 2026- December 31, 2026)

If you checked #1 on the front of this form please complete this income section and include documentation supporting your amounts. Please do your best to give estimates of the items requested below and submit the documentation to support these amounts. If you did not check #1, skip this section and **sign and date the form below.**

2026 Expected Income	Father (for dependent students)	Mother (for dependent students)	Student	Spouse (if student is married)
TAXABLE INCOME				
Income Earned from Work	$	$	$	$
Unemployment Compensation	$	$	$	$
Business, Farm or Rental Income	$	$	$	$
Dividends, Interest, Capital Gains, etc.	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
UNTAXED INCOME				
Child Support received	$	$	$	$
Worker's Compensation	$	$	$	$
Disability (not Social Security)	$	$	$	$
Any other untaxed income (please itemize)	$	$	$	$
	$	$	$	$
	$	$	$	$

We will carefully review your information, but remind you that even though results may lower the Expected Family Contribution (EFC) or raise the cost of attendance, it may not result in additional financial aid.

Make sure you return the following to the Financial Aid Office. Missing items will delay processing:

- ☐ A completed 2026-2027 Special Circumstance Form
- ☐ A detailed, but concise narrative of the circumstances leading to the request (who, why, when)
- ☐ Signed 2025 AND 2024 **tax return transcript** for your parent(s) and/or yourself. You can request a tax return transcript online at www.irs.gov or by calling 1-800-908-9946.
- ☐ Copies of you and your parent's (if dependent) 2025 AND 2024 W-2's and schedules C and/or F of your Federal Income tax return, if applicable. If independent, include your spouse's forms.
- ☐ Verification Worksheet (available on-line: http://www.carroll.edu/finaid/forms.cc)
- ☐ Requested documentation pertaining to the specific circumstance (see below)

All of the information provided by me or any other person on this form is true and complete to the best of my knowledge. I understand this request may require further documentation and is subject to the professional judgment of the Carroll College Financial Aid Office staff. Decisions are made an annual basis and on a case-by-case basis. Any decision is final and applies only to Carroll College. Please note if you purposely give false or misleading information, you may be fined $20,000, sent to prison, or both.

Student Signature: _____ **Date:** _____/_____/_____

Student's Name _____ **ID #** _____
LAST FIRST MI

Daytime/Cell Phone # (___)_____ **Contact e-mail:** _____

If Dependent
Parent Signature: _____ **Date:** _____/_____/_____

Submit through your Self-Service OKTA account or mail to Carroll College Financial Aid Office, 1601 N Benton Ave.
Helena, MT 59625 Phone Numbers: (800) 992-3648 (406) 447-5425 Fax Number: (406) 447-5187 FAC26SCL