

## Financial Aid Office

6420 SE 15<sup>th</sup> St • Midwest City, OK 73110 • Student Services Building, Room 200  
Phone: (405) 733-7424 • Fax: (405) 736-0359 • Email: [finaid@rose.edu](mailto:finaid@rose.edu)

### 2026-2027 Special Circumstances Request for a Dependent Student

**\*\*Please fill out in Blue or Black Ink only\*\***

**\*\*Scanned or printed copies only, photos of completed forms cannot be accepted\*\***

Student Name: \_\_\_\_\_ RSC Student ID: \_\_\_\_\_

Your financial aid eligibility is determined according to procedures established by the federal government. These procedures require that each student undergo a consistent evaluation of the family's ability to pay the direct costs of attending school.

Based on this evaluation of your ability to pay for school and an estimate of your cost of attendance, we offer you a package of financial aid to help you meet the costs you are not able to meet.

In establishing these procedures, the federal government has acknowledged that some students will have special circumstances affecting their ability to pay for school. As a result, the government does give financial aid administrators limited authority to make adjustments to financial aid eligibility.

Federal regulations governing the student financial aid programs allow for the re-calculation of eligibility if the student's parent(s) have encountered significant financial changes between the 2024 income reported on the 2026-2027 FAFSA and the current academic year. This comparison will allow the RSC Financial Aid Office to determine if your family's resources have decreased significantly during the 2026-2027 academic year.

***All students requesting a special circumstances review will automatically be selected by the RSC Financial Aid Office for verification of certain information reported on the student's FAFSA. In addition to the documents required to verify your parent's special circumstance, dependent students will also be required to submit the following documents.***

- ***if filed, a copy of your 2024 IRS Tax Return Transcript or signed paper copy of your 2024 personal IRS federal tax return***
- ***a copy of your parent's 2024 IRS Tax Return Transcript or a signed paper copy of your parent(s)' 2024 personal IRS federal tax return***
- ***a copy of you and your parent(s)' 2024 IRS W-2 Forms(s)***
- **2026-2027 Dependent Verification Worksheet [www.rose.edu/financial-aid-forms](http://www.rose.edu/financial-aid-forms)**

#### **The student and parent must complete all sections of this form:**

- **Section I** –Special Circumstance
- **Section II**- Parent's Current Income Worksheet
- **Section III**-Other Information
- **Section IV**-Student and Parent Certification

**REQUESTS SUBMITTED WITHOUT DOCUMENTATION WILL NOT BE PROCESSED.**

**THE DECISION RENDERED BY THE RSC FINANCIAL AID OFFICE IS FINAL AND CANNOT BE APPEALED.**

**YOUR STUDENT AID INDEX**

The U.S. Department of Education uses a federal formula to calculate your Student Aid Index. The SAI is based on the notion that each student (and his or her family) has the primary responsibility of providing for the cost of attending college to the extent that they are financially able. Sometimes a family's financial situation changes and the information used to calculate your SAI is no longer realistic. Situations that may qualify for an SAI adjustment may include, but are not limited to, the reasons listed below.

**Please choose your parent's special circumstance from Section I.**

**SECTION I – SPECIAL CIRCUMSTANCE**

**(Your parents must also complete SECTIONS II, III and IV of this form)**

**A – DISABILITY**

**(Your parent should also complete SECTIONS II, III and IV of this form)**

- One of my parents has become disabled since the original FAFSA application was submitted and the disability has resulted in a loss of income or earning potential.

If this circumstance applies, when did the disability begin? \_\_\_\_\_

If this circumstance applies, when did your parent's employment stop? \_\_\_\_\_

You must submit a letter on letterhead that describes your parent's disability. The letter should be prepared by a physician or health agency and should address your parent's employability.

**B – UNEMPLOYMENT**

**(Your parent must also complete SECTIONS II, III and IV of this form)**

My parent has experienced a significant change in employment that will result in a significant loss of income since the 2024 tax year.

1. Submit a statement from your parent's employer(s) that verifies the date the parent's full-time employment ended. If this is not available, submit a notarized statement that verifies your parent's last date of full-time employment.
2. Submit your parent's last pay stub(s) for the job(s) that ended.

**C – DIVORCE, LEGAL SEPARATION or DEATH of a PARENT**

**(Your parent must also complete section II, III and IV of this form)**

If applicable, what was the date of your parents' divorce or legal separation? \_\_\_\_\_

- *If this item applies, you must submit a copy of your parents' divorce decree or documentation of legal separation.*

If applicable, what was the date of your parent's death? \_\_\_\_\_

- *If this item applies, attach a copy of your parent's death certificate.*

List the current members of your parent's household, including yourself:

Name	Relationship to Applicant	Age

**D – LOSS of OTHER RESOURCES**

**(Your parent must also complete section II, III and IV of this form).**

Your parent has lost other resources which were available in 2024. Indicate the kind of resource(s) lost and the date your parent ceased to receive the income:

Type of Income: \_\_\_\_\_ Last Date Received: \_\_\_\_\_

To verify this item, you should submit a statement which verifies the total amount of the indicated income received for 2024. The statement should verify the last date the resource was received by your parent. This should normally be verified on agency letterhead.

**SECTION II PARENT CURRENT INCOME WORKSHEET**

**This section must be completed in all cases.**

You must submit documentation to verify ***ALL*** sources of income your parent(s) are currently receiving **as of the date this form is submitted.**

Type of Income	Dates Resources Received	Parent CURRENT Monthly Income from This Source	Parent Total Income from This Source (Year to Current Date)
Wages/Salary/Tips		\$ _____/mo	\$ _____ YTD
Other Taxable Income		\$ _____/mo	\$ _____ YTD
Child Support for all Children/Alimony		\$ _____/mo	\$ _____ YTD
Welfare such as TANF; Food Stamps; Housing Assistance		\$ _____/mo	\$ _____ YTD
Military Quarters and Rations Allowances		\$ _____/mo	\$ _____ YTD
Worker's Compensation/ Severance Pay/Disability Income/Cash Settlements		\$ _____/mo	\$ _____ YTD
Other Income Specify: _____		\$ _____/mo	\$ _____ YTD

**REQUESTS SUBMITTED WITHOUT DOCUMENTATION WILL NOT BE PROCESSED**

**SECTION III – OTHER INFORMATION**

You should use this section to explain your parent’s special circumstance or you must provide us with a separate statement explaining your parent’s situation.

**SECTION IV - CERTIFICATION**

We certify the information reported on this form as accurate and complete. We understand we may be requested to provide additional documentation to support our request. We also understand the estimates reported on this form must be accurate or eligibility for assistance may be affected.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**WARNING: If you purposely give false or misleading information on this form, you may be fined, sent to prison, or both.**

**RSC Financial Aid Office Use Only**

Request for Special Circumstance Approved:  Yes  No

If no, reason: \_\_\_\_\_

Reviewed By FAO Admin: \_\_\_\_\_

Date: \_\_\_\_\_