



2025-2026 Special Circumstance Form

This form is to assist you in reporting financial circumstances of you and your family that have occurred after 2023, if the circumstances will in some way limit the ability of you and your parents to contribute toward your 2025-2026 college costs.

Please return the completed form, written statement, and documentation to:

**NDSCS
Attention: Financial Aid
800 6th St N
Wahpeton, ND 58076**

Section A: Student Information

Last Name First Name MI

Student ID #

E-Mail Address

Student's Phone #

Section B: Who Incurred the Unusual Expense or Circumstance?

___ Student ___ Spouse ___ Father ___ Mother

Section C: What is your Unusual Expense or Circumstance?

___ Death of a Legal Parent ___ Loss or Reduction of Benefits ___ Loss or Reduction of Employment
___ Medical Expenses ___ Divorce or Separation ___ Foreclosure or Liquidation
___ Unusual Debt or Expenses ___ Other

Section D: Documentation Requirements: (see page 2)

NO PROCESSING WILL TAKE PLACE WITHOUT DOCUMENTATION

Section D: Documentation Requirements

Death of a Legal Parent

1. Copy of death certificate or obituary.
2. Signed written statement including relationship of the deceased to student.
3. Signed copies of your 2023 & 2024 tax return and W2s.

Separation or Divorce

1. Divorce decree or official separation agreement including child support paid or received.
2. List of family members, ages and relationship to student who live in your household.
3. Signed copies of your 2023 & 2024 tax return and W2s.

Foreclosure or Liquidation

1. Signed written statement including type of asset(s), gross proceeds, and where proceeds were applied.
2. Copy of foreclosure notice.

Loss or Reduction of Employment

1. Signed written statement including the following details:
 - a. Date employment was terminated.
 - b. Dates of employment during 2024-2025.
 - c. Reason for loss or reduction of employment.
 - d. Name, address and telephone number of employer(s).

Loss or Reduction of Benefits

1. Signed written statement including the following details:
 - a. Type of benefit that was lost or reduced.
 - b. Dollar amount received during 2023, 2024, and 2025.
 - c. Reason for loss or reduction of benefit.

Unusual Debt or Expense

1. Signed written statement including the following details:
 - a. Description of the unusual debt or expenses.
 - b. Dollar amounts of debt or expenses.
 - c. Explanation of hardship.

- Other**
2. Signed written statement explaining the change in your financial circumstances. Be as specific as possible and describe how the change has affected your ability to contribute to your or your student's educational costs.

Section E:

Estimated Income from January 1, 2025 to December 31, 2025

	Student/Spouse	Parent
2025 Income earned from work	\$ _____ student	\$ _____ father
2025 Income earned from work	\$ _____ spouse	\$ _____ mother

Other Taxable Income/Benefits

Interest/Dividends	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Capital Gains	\$ _____	\$ _____
Pensions	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Veteran Benefits	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____

Expected Untaxed Income/Benefits

Social Security	\$ _____	\$ _____
AFDC	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____
Military Benefits	\$ _____	\$ _____
Other	\$ _____	\$ _____

Asset Information (As of today)

Cash, Savings and Checking Account Balance.....	\$ _____	\$ _____
Net Worth of Investments including Real Estate *	\$ _____	\$ _____
Net Worth of Businesses and Farms	\$ _____	\$ _____

*(Exclude your primary residence)

Section F: Certification Statement

WARNING: If you purposely give false or misleading information on this form, you may be subject to a \$10,000 fine, a prison sentence or both.

All the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my federal income tax return. I also realize that if I do not give proof when asked, I may not receive financial assistance.

_____ Student Signature	_____ Date	_____ Parent Signature (father or mother - only one required)	_____ Date
_____ Spouse Signature (if student is married)	_____ Date		