



## 2025-2026 FINANCIAL AID SPECIAL CIRCUMSTANCES FORM

The Free Application for Federal Student Aid (FAFSA) form advises you to contact the financial aid administrator at your school if you have special circumstances not covered on the application that would affect your eligibility for student financial aid. Before the Financial Aid Office can review the information on this form, you must have previously filed a **2025-2026** FAFSA.

The information provided on your original application may not be updated if your income reduction is not significant or appears inconsistent. Likewise, expenses for consumer goods and lifestyle choices may not be supported with additional financial aid resources.

### Section A: Student Information

Last Name:

First Name:

Middle Initial:

Student ID Number (EMPLID):

Last 4 digits of Social Security Number:

Phone Number:

Student Email Address:

### Section B: Please complete the information below.

**\*Note:** *The Financial Aid Office reserves the right to request additional documentation, if needed.*

Date of loss:

Please check the reason for submitting your special circumstances request and attach the requested documentation.

A. Loss of income for parent or independent student (spouse, if applicable) from work due to layoff, closing of business, termination.

- Required Documentation:

- i. Letter from former employer(s) effective dates and severance, vacation, personal and sick leave pay out.
- ii. Copy of final pay stub from previous employer(s).
- iii. Letter from unemployment office documenting effective dates and benefits received.
- iv. Two (2) current pay stubs (if presently employed).
- v. W2 forms for student and/or spouse, and for parent(s) if dependent
- vi. Documentation of any other income received during the calendar year.

- B. Death of a spouse (Independent) or death of a parent (Dependent) has occurred after your FAFSA was filed.
  - Required Documentation: Copy of death certificate.
- C. Loss of Social Security benefits.
  - Required Documentation: Letter from Social Security Administration stating start/end dates and benefit amount.
- D. Loss of child support.
  - Required Documentation: Letter or court document stating start/end dates and child support amount.
- E. Loss of unemployment compensation.
  - Required Documentation: Letter from unemployment office stating start/end dates and benefit amount.
- F. Loss of Worker’s Compensation benefits.
  - Required Documentation: Letter from Bureau of Worker’s Compensation stating start/end dates and benefit amount.

Please explain in detail the reason(s) for your special circumstances request and the details of your income reduction. You may provide additional pages, if necessary.

Please provide the amount that you and your family expect to receive between **January 1, 2025, and December 31, 2025**. If your parent is divorced, separated, or widowed, don’t include information about the other parent. If you are divorced, separated, or widowed, do not include information about your spouse. (Only fill out the table that applies to you.)

Independent Students

<b>Anticipated Income for 2025</b>	<b>Student</b>	<b>Spouse</b>
Taxable income	\$	\$
Untaxed income (child support, Military Living Allowances, etc.)	\$	\$
TANF	\$	\$
Other Income	\$	\$
<b>TOTAL INCOME</b>	\$	\$

## Dependent Students

<b>Anticipated Income for 2025</b>	<b>Student</b>	<b>Parent(s)</b>
Taxable income	\$	\$
Untaxed income (child support, Military Living Allowances, etc.)	\$	\$
TANF	\$	\$
Other Income	\$	\$
<b>TOTAL INCOME</b>	\$	\$

### Verification

As a result of submitting this appeal, you may be required to submit additional information to verify your current FAFSA information. If requested, your "To Do" listed will be updated on your My Brightpoint student center with your verification requirements. All Verification documents must be received and processed by the Financial Aid Office before consideration for additional aid eligibility will occur and your appeal request completed.

### Certification Statement

I (we) certify that the information provided on this form is complete and accurate to the best of my (our) knowledge. If I provide false or misleading information, I understand that I may be fined, sent to prison, or both. I have read and understand the instructions provided on this form.

**Please note:** Typed signatures are not accepted. You must sign providing written signatures on documents before submission to the office.

**Student Signature:**

**Date:**

**Parent Signature** (Dependent students only):

**Date:**

*Completed forms can be emailed to [financialaid@brightpoint.edu](mailto:financialaid@brightpoint.edu), faxed to 804-594-1630 or submitted in person by visiting the Financial Aid Office.*

*Office of Financial Aid: 13101 Route 1, Chester, VA 23831*