

LUTHER COLLEGE

2026-27 Dependent Student Special Circumstance Form

Student's Name: _____ Luther ID: _____

Parent Name(s): _____

Parent(s) phone number: _____

Parent(s) email address: _____

This form should be completed when a family can document a significant change in financial circumstances, or if you believe there are special circumstances that were not included/considered on your initial FAFSA. You will be notified by email regarding the outcome of your appeal after it is reviewed by the Luther College Financial Aid Office.

The completion of this form does not guarantee an adjustment to a student's financial aid award.

Please answer the following questions, attaching an additional page if more space is needed. Please note, if individuals disclose a report of sexual misconduct, the Financial Aid Office staff are required to consult with the Title IX Coordinator to ensure your safety, your access to available resources, and other relevant considerations.

Part A: Submit ALL of the Following

1. A written statement explaining what caused the change(s) in your family's circumstances.
2. A signed copy of parent(s) most recent federal tax return and all applicable schedules and W-2's from that year.
3. Documentation of your change in circumstance(s). Fill out chart below:

Check ALL That Apply to You	Acceptable Documentation
<input type="checkbox"/> Loss of employment or change of employment status for student or parent(s)	<ul style="list-style-type: none"> • Year-to-date pay stubs showing all income earned from work • Documentation of all untaxed income received in 2025 and 2026 • Termination letter and/or any documentation regarding severance • Documentation of any unemployment, disability, and/or retirement benefits, or insurance payments being received or expected to be received
<input type="checkbox"/> One-time payment reflected on 2024 taxes that created an unusual increase in income	<ul style="list-style-type: none"> • Documentation to show the receipt of income you do not plan to receive again
<input type="checkbox"/> Divorce or separation after filing the 2026-27 FAFSA	<ul style="list-style-type: none"> • Divorce: Copy of divorce decree • Separation: Copy of legal separation document or, a signed statement from your attorney or unrelated third party showing the date of separation • Statement confirming parents are in separate residences
<input type="checkbox"/> Death of parent after filing the 2026-27 FAFSA	<ul style="list-style-type: none"> • Copy of death certificate or an obituary notice • Documentation of proceeds of estate distributions
<input type="checkbox"/> Loss of Untaxed Income (child support, pension, etc.)	<ul style="list-style-type: none"> • Court documentation stating the last date of child support received • Letter from agency providing benefits, detailing termination of benefits • Statement from agency that showing amounts of the benefits received
<input type="checkbox"/> Unusually high medical/dental expenses not covered by insurance or HSA	<ul style="list-style-type: none"> • Copy of 2024 Schedule A from 2024 tax return • If Schedule A is not available or the expense was paid in 2024, other documentation showing payment • Copy of parent(s) most recent paystub
<input type="checkbox"/> Private elementary or secondary school tuition for sibling	<ul style="list-style-type: none"> • Copy of billing statement, including all financial aid and scholarships
<input type="checkbox"/> Education Loan Payments made by parents for themselves	<ul style="list-style-type: none"> • Copy of current bill showing minimum monthly payment due
<input type="checkbox"/> Other:	<ul style="list-style-type: none"> • Any relevant documentation that will support request

****PLEASE COMPLETE ALL ITEMS ON PAGE 2****

Part B: Carefully Read the Following Before Signing This Form

I/we understand that submission/review of this form does not guarantee a change in the student's financial aid eligibility. It is the student's responsibility to remain in good standing with the Student Accounts and the Registrar's offices. I/we affirm that the information provided in my appeal and the attached documentation is accurate and complete to the best of my/our knowledge. I/we understand that if any of the information used in my appeal changes, I must contact the Financial Aid Office immediately in writing with the corrected information. I/we understand that future financial aid awards may be reduced if income estimates are significantly underestimated in my appeal. I understand that false statements or misrepresentations may be cause for denial, reduction, withdrawal or repayment of financial aid.

Student Signature

(must be handwritten, not typed or electronic)

Date

Parent Signature

(must be handwritten, not typed or electronic)

Date

PLEASE ALLOW 2 WEEKS FOR INITIAL REVIEW

Secure Document



Upload

SC26CIRC

Luther College Financial Aid Office: PH: 563.387.1018 luther.edu/offices/financial-aid

Document Submission Options

Secure Document Upload Portal: liquidfiles.luther.edu/filedrop/Financial-Aid (requires the student's 7-digit Luther ID) or

FAX: 563.387.2241 or EMAIL: finaid@luther.edu or US MAIL: 700 College Drive, Decorah, IA 52101-1045
