



UNION UNIVERSITY

Student Financial Aid

Email: finaid@uu.edu
Ph: 731-661-5015 / Fax: 731-661-5570

Student ID:

Last Name

First Name

Middle Init.

Special Circumstances 2026-2027 - PARENT

You or your parents have indicated that one or both of your parents may have special circumstances that could affect their ability to contribute to your education. Please indicate below the special circumstance you would like considered and provide the required documentation to our office. If you have question, please do not hesitate to contact us.

Please provide this signed form as a coversheet to your submission.

Loss or reduction of parent(s)' income - Select this option if your parental income is now lower than what is reflected on the FAFSA

- Please provide:
- 1) A signed copy of your parent(s)' most recent tax return including Sch. 1, 2, and 3 (if applicable)
 - 2) A copy of your parent(s)' most recent pay-stub, letter of separation, or unemployment statement
 - 3) A signed statement from your parent explaining the situation in detail, including dates and amounts

One-time income not typical - Select this option if your parent(s)' 2024 income is higher than what is typical for your family

- Please provide:
- 1) A signed copy of your parents(s)' most recent tax return, including Sch. 1, 2, and 3 (if applicable)
 - 2) Documentation that supports the one-time income
 - 3) A signed statement from your parent explaining the situation in detail, including dates and amounts

Large out-of-pocket medical expenses - Select this option if your parent(s)' have had large medical expenses in the previous calendar year or the previous 12-months (expenses not covered by insurance or other third party)

- Please provide:
- 1) Copies of receipts, invoices, or Explanation of Benefits documenting expenses paid or responsibility of your parent(s)'
 - 2) A signed statement from your parent explaining the situation in detail, including dates and amounts

Out-of-pocket educational expenses - Select this option if your parent(s)' have out-of-pocket tuition costs for a sibling in the current 2025-2026 academic year (not covered by scholarship or some other resource)

- Please provide:
- 1) Copies of receipts, invoices, or documentation from institution on their letterhead explaining costs, with dates and who the costs are for
 - 2) A signed statement from your parent explaining the situation in detail, including dates and amounts

Other - please explain: _____

- Please provide:
- 1) Documentation supporting the situation stated above*
 - 2) A signed statement from your parent explaining the situation in detail, including dates and amounts

**Upon receipt and review of your submission, additional information or documentation may be required*

Certification and Acknowledgment

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____