

2025-2026 Request for Special Circumstance Review

Your 2025-2026 FAFSA determined you are eligible for no-need based financial aid according to your Student Aid Index (SAI). If there were circumstances in your household since 2023 that changed and could affect your eligibility, you may appeal. The Office of Financial Aid will re-evaluate the circumstance and documentation that you submit to support this. Once you submit the documentation, if approved, the office make corrections to your FAFSA. When the review is final, a new evaluation of your Federal financial aid will determine your updated eligibility.

Last Name	First	Name	Student ID #		
Deadline:	Fall – December 19, 2025 Spring – May 8, 2026				
<u>Instructions:</u> Select the unusual circumstances that occurred, complete, & sign the form. Be sure to submit the documentation needed to support your situation.					
 □ Loss of Income or Change of Employment □ Divorce or Separation □ Death (i.e.: family member, parent, spouse, etc.) □ Disability (i.e.: student, family member, parent, spouse, etc.) □ Loss of Benefits (i.e.: medical, childcare, housing, etc.) □ Unreimbursed Medical Expenses □ Childcare, Elementary, or Secondary School Tuition □ Declared State of Emergency Expenses □ Other 					
Dependent Students - Extenuating circumstances may apply to you, your parent(s), or guardian(s). Independent Students - Extenuating circumstances may apply to you, your spouse or your partner.					
A student must submit all 2025-2026 document requests, if applicable, before a Special Circumstance Review can be completed. The Office of Financial Aid is required to obtain relevant documentation of the circumstances to make any adjustments to eligibility. Failure to provide this documentation will result in your request being denied. Continue to check your Mercer email and portal for updates. You will receive a decision within 14 business days.					
Each person signing this form certifies that all information reported on it is complete and correct.					
Studen	t Signature	Date	WARNING: If you purposely give false misleading information on this worksheet, you may be fined, sentenced to jail, or both.		

Date

Parent Signature (if Dependent)

1. Name of Person:	Circumstance	Explanation	Documentation Needed	
Divorce or Separation	Loss of Income or Change	1. Name of Person:	Last Pay Stub from Work	
3. Date:	of Employment	2. Relationship to Student:		
4. Income earned in 2024:		3. Date:		
Divorce or Separation			* *	
Divorce or Separation		5. Income earned in 2025:	_	
Divorce or Separation		6. Unemployment in 2024:	_	
Proof of Separate House Expenses in 2024 &/or 2025 (mortgage/rent bill or utilities bill) Death		7. Unemployment in 2025:	_	
Death	Divorce or Separation	1. Name of Person:	_ • Divorce Degree	
Death 1. Name of Person:		2. Relationship to Student:		
2. Relationship to Student: 3. Date: Disability 1. Name of Person: 2. Relationship to Student: 4. So4 Plan 4. Medical Certification 6. Costs Incurred in 2024 6. 2025 Loss of Benefits 1. Name of Person: 2. Relationship to Student: 3. Date: 4. Agency Notification 6. Annual Amount of Benefit in 2024 &/or 2025 Unreimbursed Medical Expenses 2. Relationship to Student: 3. Date: 4. Sepance of Person: 5. Relationship to Student: 6. Amount of Expense(s) in 2024 &/or 2025 Childcare, Elementary, or Secondary School Tuition 7. Relationship to Student: 8. Amount of Expense(s) in 2024 &/or 2025 Declared State of Emergency Expenses 8. Amount of Expense(s) in 2024 &/or 2025 Other 9. Invoice(s) 9. Amount of Expense(s) in 2024 &/or 2025		3. Date:	_ 2025 (mortgage/rent bill	
Disability	Death	1. Name of Person:		
Disability 1. Name of Person: 504 Plan Medical Certification Costs Incurred in 2024 & 2025		2. Relationship to Student:	Death Certificate	
2. Relationship to Student: Sold Plan Medical Certification Costs Incurred in 2024 & 2025		3. Date:	_	
Loss of Benefits 1. Name of Person:	Disability	1. Name of Person:		
Loss of Benefits 1. Name of Person: 2. Relationship to Student: 3. Date: 4. Annual Amount of Benefit in 2024 &/or 2025 Unreimbursed Medical Expenses 4. Relationship to Student: 5. Relationship to Student: 6. Invoice(s) 6. Amount of Expense(s) 6. in 2024 &/or 2025 Childcare, Elementary, or Secondary School Tuition 6. Annual Amount of Benefit in 2024 &/or 2025 6. Amount of Expense(s) 6. Invoice(s) 6. Invoice		2. Relationship to Student:		
Loss of Benefits 1. Name of Person:			• Costs Incurred in 2024	
Childcare, Elementary, or Secondary School Tuition Secondary Expenses 1. Date:	Loss of Benefits	1. Name of Person:		
3. Date:		2. Relationship to Student:		
Unreimbursed Medical Expenses 1. Name of Person: • Invoice(s) 2. Relationship to Student: • Amount of Expense(s) in 2024 &/or 2025 Childcare, Elementary, or Secondary School Tuition 1. Name of Person: • Invoice(s) 2. Relationship to Student: • Amount of Expense(s) in 2024 &/or 2025 Declared State of Emergency Expenses 1. Date: • Invoice(s) • Amount of Expense(s) in 2024 &/or 2025 • Amount of Expense(s) in 2024 &/or 2025 Other 2. Name of Person: • Amount of Expense(s) in 2024 &/or 2025 3. Relationship to Student: • Amount of Expense(s) in 2024 &/or 2025		3. Date:		
Childcare, Elementary, or Secondary School Tuition Declared State of Emergency Expenses Other 2. Name of Person: Declared State of Emergency Expenses 1. Date: Date	Unreimbursed Medical			
Secondary School Tuition 2. Relationship to Student:	Expenses	2. Relationship to Student:		
Declared State of	1	1. Name of Person:	_ • Invoice(s)	
Emergency Expenses	Secondary School Tuition	2. Relationship to Student:		
in 2024 &/or 2025 Other 2. Name of Person:		1. Date:	_ • Invoice(s)	
Other 2. Name of Person: 3. Relationship to Student: 2. Name of Person: 3. Relationship to Student: 4. Amount of Expense(s) in 2024 &/or 2025	Emergency Expenses		• • • • • • • • • • • • • • • • • • • •	
3. Relationship to Student: in 2024 &/or 2025	Other	2. Name of Person:		
			in 2024 &/or 2025	
4. Date		4. Date:	_	