

Student's Name: _____ Warrior ID Number: _____

The Special Conditions Review Form is used to report changes in circumstances that occur after filing the Free Application for Federal Student Aid (FAFSA) or to report circumstances that affect the families ability to contribute toward college costs. The WSU Student Financial Aid Office reviews information reported to determine whether changes can be made. Check the condition(s) that apply to your parents and provide all requested documentation and applicable signatures.

CHANGE IN INCOME

PARENT UNEMPLOYED (A parent who was employed in 2024 has become unemployed in 2025 or 2026). The Financial Aid Office will be recalculating 12 months of income from the date of unemployment, and entering this information on the FAFSA. Please provide enough documentation for us to justify the special conditions and to recalculate income as accurately as possible. Lack of documentation will result in either a delay in processing or denial of special condition.

- Please wait either 90 days from date of unemployment, or until you start a new job, whichever comes first before completing this form.
- Attach a written statement indicating the date and reason your parent became unemployed.
- Attach a copy of each parents' most recent paystub(s) and W2s from all employers.
- Attach a copy of unemployment benefits your parent will receive from your state job service office.
- Attach a copy of any severance pay that was or will be received.
- Attach documentation for any other taxable income, such as money withdrawn from a retirement account (IRA, annuity, or pension), taxable social security, capital gains, inheritance, or gambling winnings.

REDUCTION IN EARNINGS OR LOSS OF OTHER INCOME

2025 or 2026 income is less than 2024 income listed on the FAFSA. This could include a reduction in earnings, loss of taxable social security benefits, one time withdrawal from a retirement account, etc. Please provide enough documentation for the Financial Aid Office to justify the special condition and to recalculate your income as accurately as possible. Lack of documentation will result in either a delay in processing or denial of special conditions.

- Attach a written statement outlining the amount of income lost or reduced, the date the change became effective, and the reason for the loss of income.
- Attach documentation showing the loss or reduction in income (by a third party if possible). This might be a 2025 IRS tax transcript or signed copy of 2025 federal tax return with all applicable schedules, last paycheck stubs, a statement from social security, bank statements, letter from the court, etc.

CHANGE IN HOUSEHOLD SIZE THAT OCCURRED AFTER FILING YOUR FAFSA

DIVORCE OR SEPARATION OF PARENTS

• If the parents are divorced or separated, answer the questions about the parent who provides the greater portion of the student's financial support, even if the student does not live with them. If both parents provided an exactly equal amount of financial support during the past 12 months, or if they don't support the student financially, answer the questions about the parent with the greater income and assets. If this parent is remarried as of the date the FAFSA was filed, answer the questions about that parent and the stepparent.

- Attach a copy of the divorce decree or proof of separation (court order, statement from attorney or clergy).
- Attach a written statement identifying the custodial parent. Also provide the names, ages, and the relationship of the family members the custodial parent will support through June 30, 2027.
- Attach a copy of your parents' 2024 IRS tax transcript or your parents' signed 2024 federal tax return with all applicable schedules **and** 2024 W2s.

DEATH OF PARENT

If both parents have died, do not complete this form, please contact the Financial Aid Office instead.

- Please provide a written statement indicating which parent has passed and the date of death.
- Attach a copy of your parents' 2024 IRS tax transcript or your parents' signed 2024 federal tax return with all applicable schedules **and** 2024 W2s.

MEDICAL AND DENTAL EXPENSES

UNUSUALLY HIGH MEDICAL AND DENTAL EXPENSES NOT REIMBURSED OR COVERED BY INSURANCE

The FAFSA calculation takes into account a certain percentage of your income going towards paying medical expenses. When expenses paid exceed this percentage, the Financial Aid Office may be able to make changes to your FAFSA to account for the additional out of pocket expense. We will need third party documentation showing payments made to make any adjustments to your FAFSA. We are unable to take into account unpaid medical expenses. Lack of documentation will result in either a delay in processing or a denial of the special conditions.

- Attach a signed statement itemizing out of pocket medical or dental expenses you paid in either 2024 or 2025. These expenses should not include amounts covered by insurance, company health plans, self-employed health deductions, or insurance premiums.
- Attach documentation such as provider statements, pharmacy statements, cancelled checks, or paid receipts. Most medical facilities and pharmacies are able to provide you with annual statements of accounts.
- Attach a copy of your parents' 2024 IRS tax transcript or your parents' signed 2024 federal tax return with all applicable schedules.
- Attach a copy of your parents' 2025 IRS tax transcript or signed copy of your parents' 2025 federal tax return if you are providing documentation of medical expenses paid in 2025.

EDUCATIONAL EXPENSES

COST OF ATTENDANCE ADJUSTMENT

The standard cost of attendance reflects the average cost of tuition, fees, laptop, housing, meals, books and supplies, transportation, personal expenses, and loan fees. Only additional educational expenses that occur during the academic year and substantially exceed those allowed in the standard budget are considered. Receipts or purchase invoices are required.

Examples of expenses that may be considered are: increased tuition costs, course materials in excess of allowance, costs associated with a disability not covered by insurance or another agency, or cost of first professional credential.

OTHER UNUSUAL CIRCUMSTANCE

- Attach a signed statement summarizing any other unusual circumstances you want the Financial Aid Office to take into consideration. Please provide applicable documentation (by a third party if possible) to support your unusual circumstance.

The name of the Financial Aid Counselor I talked with about my special conditions review was

_____.

I certify the information contained in this appeal, including any supporting documentation, is accurate and true to the extent of my knowledge and belief.

Student Signature

Date

Signature of Applicable Parent

Date

Phone number: _____

Email: _____

Please return form and supporting documentation to: Winona State University, Financial Aid Office
PO Box 5838
Winona, MN 55987
or fax: (507) 457-5628.