



## 2026-27 Special Circumstance Request Form

Mountwest Community and Technical College understands that families may experience unforeseen circumstances and/or expenses during an academic year. Use this form to address these unusual circumstances or expenses.

Student Information	
<b>Name:</b>	<b>942#</b>
<b>Address:</b>	<b>Email:</b>
<b>City, State Zip:</b>	<b>Phone number:</b>

**Individual(s) with circumstance(s), check as appropriate:**

Father/Stepfather    
  Mother/Stepmother    
  Student    
  Spouse

**Special circumstance is being filed as a result of:**

Check all circumstances that apply. Requests will NOT be processed without ALL required information. **Signed Verification Worksheet is required for all categories.**

<input type="checkbox"/> <b>Loss of Employment</b> (must be at least 10 weeks in Calendar Year 2025.)	Required Information: 1. Letter of explanation of circumstances from student/parent 2. Last date of employment    /    / 3. Completed Section B on the reverse side of this form 4. Signed 2025 Federal Tax Return Transcript from the IRS 5. Copy of last paycheck stub, with year-to-date earnings
<input type="checkbox"/> <b>Reduction or Loss of Income</b> (Such as Unemployment Benefits, Workers Compensation, Child Support, Social Security Benefits, SSI, Untaxed Retirement Disability, Welfare, TANF, One Time Income, etc.)	Required Information: 1. Letter of explanation of circumstances from student/parent 2. Last date of receipt of benefit/income    /    / 3. Completed Section B on the reverse side of this form 4. Signed 2025 Federal Tax Return Transcript from the IRS 5. Copy of last paycheck stub, with year-to-date earnings
<input type="checkbox"/> <b>Separation/Divorce</b>	Required Information: 1. Letter of explanation of circumstances from student/parent 2. Date of separation/divorce    /    / 3. Completed Section B on the reserve side of this form 4. Signed 2025 Federal Tax Return Transcript from the IRS
<input type="checkbox"/> <b>Death of Wage Earner</b>	Required Information: 1. Date of death    /    / 2. Copy of death certificate 3. Completed Section B on the reserve side of this form 4. Signed 2025 Federal Tax Return Transcript from the IRS
<input type="checkbox"/> <b>Other Catastrophic Situation</b> (Such as medical expenses that were not reimbursed. Actual out of pocket payments must exceed 11% of adjusted gross income)	Required Information: 1. Submit a detailed letter explaining the situation and provide any necessary documentation 2. Completed Section B on the reserve side of this form 3. Signed 2025 Federal Tax Return Transcript from the IRS

**INSTRUCTIONS: Complete using ALL expected income from January 1, 2026, to December 31, 2026, of the person(s) with the special circumstance(s). You must submit documentation of ALL expected income. If filing this form for separation or death of a parent, use only your custodial parent's income.**

<b>2026 Taxed Income</b>	<b>Father</b>	<b>Mother</b>	<b>Student</b>	<b>Spouse</b>
Income Earned from Work	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Business or Farm Income	\$	\$	\$	\$
Pensions & Annuities	\$	\$	\$	\$
Taxed Interest/Dividend Income	\$	\$	\$	\$
Taxed Social Security Benefits	\$	\$	\$	\$
Other Taxed Income (pensions, alimony, rentals, etc.)	\$	\$	\$	\$
<b>Total 2026 Taxed Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<b>2026 Untaxed Income</b>	<b>Father</b>	<b>Mother</b>	<b>Student</b>	<b>Spouse</b>
Untaxed Social Security Benefits	\$	\$	\$	\$
Workers Compensation	\$	\$	\$	\$
Welfare Benefits/TANF	\$	\$	\$	\$
Untaxed Portions of Pensions	\$	\$	\$	\$
Veterans Non-Education Benefits	\$	\$	\$	\$
Tax-Deferred Pension Payments	\$	\$	\$	\$
Deductible IRA/Keogh Payments	\$	\$	\$	\$
Tax-Exempt Interest Income	\$	\$	\$	\$
Foreign Income Exclusions	\$	\$	\$	\$
Living Allowance for Clergy/Members of the Military	\$	\$	\$	\$
Any Other Untaxed Income	\$	\$	\$	\$
<b>Total 2026 Untaxed Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**By signing, I agree that the information provided is accurate and complete to the best of my knowledge. If requested, I agree to provide additional documentation. I further agree to notify the Mountwest Community and Technical College Financial Aid Office of any error or omission in the above information, or any further circumstances that affect the provided information's accuracy. I understand failure to comply with this agreement could result in forfeiture of financial aid eligibility of the student.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Student's Spouse Signature

\_\_\_\_\_  
Date