



Financial Aid
 May Hall, Room 209
 Dickinson State University
 291 Campus Drive
 Dickinson, ND 58601-4896

Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday
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 Fax: 701-483-2409
 Web: www.dickinsonstate.edu
 Email: dsu.financialaid@dickinsonstate.edu

2025-2026 Special Circumstance Request Form

Student Name: _____ EMPLID: _____

E-Mail Address: _____ Phone #: _____

****Verification MUST be completed prior to processing the Special Circumstance Form.**

A Letter of Explanation is REQUIRED to accompany this form, along with any documentation that supports your special circumstance. Forms received without a letter of explanation and proper documentation will be returned to the student without being processed.

A financial aid administrator may adjust an individual family contribution if the administrator believes the family's financial circumstances is warranted. The financial aid administrator will not automatically make these adjustments; there must be valid, substantiated reasons for the adjustment. This form should be completed and returned to the Financial Aid Office if you, your spouse, or a parent has incurred an unexpected expense or special circumstance.

Additional documentation or information may be requested. Examples include (depending on your situation): tax returns, written statements listing types and amounts of income or resources, a copy of a letter of termination, copies of medical bills or private tuition payments, statements from counselors, clergy or social workers, statements from accountants or bankers, marriage certificates or divorce decrees. Documentation is necessary in a student's file to support the administrator's decision and provide a history of the circumstance for an audit or program review.

Who incurred the unexpected expense or special circumstance:

Student Spouse Parent Other Parent

DOCUMENTATION

Supporting documentation that verifies your unexpected expense or special circumstance must be attached (see second page for examples). Forms submitted with incomplete documentation will NOT be processed.

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|---|---|
| <input type="checkbox"/> Death of a family member, death must have occurred AFTER January 1, 2024 | <input type="checkbox"/> Reduction of Income |
| <input type="checkbox"/> Elementary/Secondary School Tuition Expense | <input type="checkbox"/> Separation or Divorce |
| <input type="checkbox"/> Liquidation or foreclosure of assets | <input type="checkbox"/> Unemployment of an Independent Student |
| <input type="checkbox"/> Loss or reduction of benefits (i.e child support) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Medical Expenses | |

All the information provided by the undersigned is true and complete to the best of my/our knowledge. I/We further understand that purposely giving false or misleading information to obtain student financial aid may subject me/us to fines and other penalties.

***Requires physical signature. Unsigned forms, those with typed names or electronic signatures will be returned.**

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Required Documentation

Special Circumstance	Documentation
Death of a Family Member	<ol style="list-style-type: none"> 1. Letter listing: <ol style="list-style-type: none"> a. Relationship of deceased to the student 2. Copy of obituary 3. Copy of 2024 federal tax return and W2's
Elementary/Secondary School Tuition	Letter listing: <ol style="list-style-type: none"> a. Person for whom tuition is being paid b. Copy of tuition contract
Liquidation or Foreclosure	<ol style="list-style-type: none"> 1. Letter listing: <ol style="list-style-type: none"> a. Type of asset liquidated b. Gross sales proceeds c. List of where proceeds were applied 2. Copy of foreclosure notice 3. Copy of 2024 federal tax return
Loss or reduction of Benefits	<ol style="list-style-type: none"> 1. Letter listing: <ol style="list-style-type: none"> a. Whose benefit(s) was terminated b. Amount of benefit(s) received for last two years c. Reason for termination 2. Copy of document from provider stating termination 3. Copy of 2024 Federal tax return and W2's
Medical Expenses for 2024	<ol style="list-style-type: none"> 1. Letter listing: <ol style="list-style-type: none"> a. Who incurred the expense(s) 2. Copy of medical bills not covered by insurance 3. Will you itemize your deductions? (NOTE. We recommend that you wait until after January 1, 2025 to submit this form)
Reduction of Income	<ol style="list-style-type: none"> 1. Letter listing <ol style="list-style-type: none"> a. Whose income was reduced and why. 2. Last 5 pay stubs for the individual whose income has been reduced.
Separation or Divorce	<ol style="list-style-type: none"> 1. Letter listing: <ol style="list-style-type: none"> a. Revised household members 2. Copy of divorce decree or proof of separation 3. Copy of 2024 federal tax return and W2's
Unemployment of an independent student	<ol style="list-style-type: none"> 1. Letter listing <ol style="list-style-type: none"> a. Who lost employment b. Reason for loss of employment c. Income earned and untaxed income (Worker's Compensation, unemployment benefits, disability benefits, etc) to date of termination (per family member) d. Projected income and untaxed income to the end of 2025 2. Copy of last pay stub from employer 3. Copy of 2024 federal tax return and W2's