

2025-2026 Request for Special Circumstances

Student Name		Parent Name(s)			
Student ID	Student Phone	Parent Address			
Student Address		Parent City, State, Zip			
Student City, State, Zip		Parent Email			
Student Email					
Did you file for Special Circums	ance Review at Grand View University in 2024-25?	∕es □ No			
unusual financial expenses may	e that the family has primary responsibility for meeting the affect a family's ability to contribute to the student's educ nses when awarding financial aid.			-	
There is no guarantee that an a	r, financial aid need is based on 2023 income information opeal will result in an adjustment of your financial aid. All e a Federal Pell Grant, Iowa Tuition Grant if eligible, and F	aid awarded as a result	-	, ,	•
Return completed form with	rienced unusual circumstances, please complete this all documentation required to: Grand View University, rocessing. Incomplete documentation may add additi	Financial Aid Office, 1	200 Grandview Ave		
INCOME REDUCTION If your family is experiencing a of the change in your situation:	eduction in 2024 or 2025 income, please explain the situ	ation below (attach add	itional pages, if nece	essary) including the	date(s)
Anticipated incomes for 2	D25 (do not leave blanks, if the answer is none, write zero	ı — 0):	Parent 1	Parent 2	Student/Spouse
Estimated taxable income	ity pay)	\$	\$	\$	
Estimated untaxed income (untaxed social security, child	e for Jan – Dec 2025 support, welfare, payments to tax deferred pensions plans)		\$	\$	\$
Current net worth investm	ents, including real estate (not including your primary residence)	\$	\$	\$
Current net worth of busin	ess and/or investment farms (do not include a farm that you liv	e on/operate)	\$	\$	\$
Current balance of cash, s	avings, and checking accounts		\$	\$	\$
2023 and 2024 signeda copy of the most reco	orksheet – available in the Financial Aid Office federal income tax returns for student and parent ent pay stub(s) confirming year-to-date earnings listed abo cial security, unemployment benefits, workers compensati		ayments, etc.		
UNUSUAL MEDICAL EX	(PENSES				
Please indicate the amount of c	ut-of-pocket medical/dental expenses below.				
			\$		
How much did you pay ou	ut-of-pocket medical/dental expenses below.	surance in 2024?	\$ \$		

Documentation Required

- 2025-26 Verification Worksheet available in the Financial Aid Office
- 2024 signed federal tax return(s) including Schedule A Itemized Deductions
- if Schedule A was not filed, then please submit receipts or copies of cancelled checks to support out-of-pocket medical expenses paid in 2024

Documentation Required • 2025-26 Verification Worksheet – available in the Financial Aid Office • 2024 signed federal tax return(s) • copy of the letter from the college stating that the parent is admitted into a degree or certificate program • a copy of the pre-enrollment registration proving half-time enrollment (typically six credit hours for at least one semester) for Fall 2022 and Spring 2023 • the number of credits the parent will take for the academic year, the costs per credit hour for the courses, and a listing of the amount of aid, including employer reimbursement and loan amounts						
INUSUAL INCREASE IN INCOMPLEASE IN INCOMPLEASE EXPLAIN the unusual increase in 202		d why income cannot be u	ised for educational expenses.			
OTHER	2021, 2022, s much detail a	2023, 2024 including sup	oporting schedules to show usual amount of gross income situation and how it has affected you financially. Also attach a completed verification irms your statement.			
	come was use	ed to determine aid eligibili	edge. I understand that knowingly giving false information will result in a review of ity, I may be asked to submit 2024 federal tax returns when completed. Adjustments from actual information.			
	·		Date			
arent Signature			Date			
oouse Signature (for married students) _			Date			
OR OFFICE USE ONLY-COUNSELOR/CO	MMITTEE DE	CISION:				
Approved Denied Reason						
- pprovod = Dornod Hodoott			Date			