



WAGNER COLLEGE

Office of Financial Aid
1st Floor, Cunard Hall
One Campus Road
Staten Island, NY 10301
www.wagner.edu

Request for Special Condition Consideration 2023-2024

This form should be completed by any student who is requesting a review of their federal financial aid due to a special circumstance. The completed form must be accompanied by the supporting documentation. At any time, the Office of Financial Aid may request additional documentation to support your claim. *Final decisions may occur as late as Spring 2024.*

Student's Name

ID#

My special condition is best described by:	Required Documentation
_____ Recent Unemployment (w/in the last year) <i>Does not include income reduction</i>	<ul style="list-style-type: none"> ❖ Signed personal statement from parent who is now unemployed ❖ Termination Letter from Employer ❖ Proof of year-to-date earnings (including but not limited to income from work, pension, Social Security, etc) ❖ Proof of Severance Pay/Package ❖ Copy of Unemployment Benefit Statement ❖ Copy of 2021 Federal Tax Return Transcript (can be requested at http://www.irs.gov/) and 2021 W-2 form(s) ❖ Copy of working spouse's last pay stub
_____ Recent death of a parent (w/in the last year)	<ul style="list-style-type: none"> ❖ Copy of Death Certificate ❖ Copy of 2021 Federal Tax Return Transcript (can be requested at http://www.irs.gov/) and 2021 W-2 form(s)
_____ Recent Divorce/Separation (w/in the last year)	<ul style="list-style-type: none"> ❖ Copy of 2021 Federal Tax Return Transcript (can be requested at http://www.irs.gov/) and 2021 W-2 form(s) ❖ Copy of Divorce Decree or Legal Separation Agreement detailing all pertinent information ❖ Proof of separate residence (Utility bills, lease, and mortgage statement for both).
_____ Recent Student/Parent	<ul style="list-style-type: none"> ❖ Copy of 2021 Federal Tax Return Transcript (can be

<p>_____ Disability (w/in the last year)</p>	<p>requested at http://www.irs.gov/) and 2021 W-2 form(s)</p> <ul style="list-style-type: none"> ❖ Letter from employer stating last date of active employment ❖ Proof of year-to-date earnings ❖ Copy of working spouse's last pay stub ❖ Copy of documentation stating Worker's Compensation benefits and/or Social Security Disability Benefits. Documentation must specify a start date, amount of benefits and length of benefits. ❖ Medical documentation confirming expected date of return to employment.
<p>_____ Independent Status</p>	<ul style="list-style-type: none"> ❖ Notarized, signed personal statement detailing your situation and why you believe you should be considered as an independent student. The statement must include a description of the nature of your relationship with your parents and where they reside. ❖ Notarized, signed statement from at least two (2) other parties who are knowledgeable about your situation. One party must be a figure of authority/professional (ex- attorney, clergy member, Social Worker, etc.) ❖ Proof of how you support yourself.

I/we certify that the information provided to support my appeal for special condition is true and accurate to the best of my knowledge. I/we agree to notify the Office of Financial Aid if any of the information submitted changes. I/we understand that the penalty for providing false information is a \$10,000 fine, a prison sentence or both.

In addition, I/we understand that the request being made will be reviewed solely for potential changes to federal aid and institutional funds will not be changed.

Student's Signature _____ Date _____

Parent's Signature or Student's Spouse (if married) _____ Date _____

<p>For Office Use Only:</p>	
<p>_____ Sufficient documentation has been submitted to support a special condition consideration.</p>	
<p>_____ Additional documentation is required. Specify:</p>	
<p>Special Condition Status: _____ Approved</p>	<p>_____ Denied</p>
<p>Response Sent to Student: _____</p>	
<p>Action Taken: _____</p>	