



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 2024-2025

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.

Note: Policies differ from school to school. Approvals do not guarantee additional grant funding. *Final decisions may occur as late as Spring 2025. Decisions are final.*

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 2022 Federal Tax Return Transcript (can be requested at http://www.irs.gov/) and 2022 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 2022 Federal Tax Return Transcript (can be requested at http://www.irs.gov/) and 2022 W-2 form(s)
_____ Recent Divorce/Separation (w/in the last year)	<ul style="list-style-type: none"> ❖ Copy of 2022 Federal Tax Return Transcript (can be requested at http://www.irs.gov/) and 2022 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).

<p>____ Recent Student/Parent Disability (w/in the last year)</p>	<ul style="list-style-type: none"> ❖ Copy of 2022 Federal Tax Return Transcript (can be requested at http://www.irs.gov/) and 2022 W-2 form(s) ❖ 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>____ Unreimbursed Medical/Dental Expenses</p>	<ul style="list-style-type: none"> ❖ Copy of 2022 Federal Tax Return Transcript (can be requested at http://www.irs.gov/) and 2022 W-2 form(s) with Schedule A ❖ Copy of bills designating the amount not covered by your medical insurance ❖ Proof of payment within calendar year

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

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