



# WAGNER COLLEGE

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

## Request for Unusual Circumstances Consideration 2024-2025

This form should be completed by any student who is requesting a review of their federal financial aid due to an unusual 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. Requests will be completed within 60 days of enrollment. Final decisions may occur as late as Spring 2025. *Decisions are final.*

Student's Name

ID#

Please mark the category for which you are requesting review and supply all supporting documentation. If unable to provide some of the documentation, please contact our office.

| My unusual condition is best described by:                           | Required Documentation  |
|--|---|
| _____ Student<br>homelessness <i>or</i> at risk of<br>being homeless | <ul style="list-style-type: none"> <li>❖ Letter from the school district homeless liaison, director of homeless shelter, street or outreach center <i>or</i></li> <li>❖ Letter from a financial aid administrator at another institution who documented the student's circumstance in the same or prior award year.</li> </ul>  |
| _____ Parental<br>abandonment or<br>estrangement                     | <ul style="list-style-type: none"> <li>❖ Notarized, signed personal statement detailing your situation. The statement should include a description of the nature of your relationship with your parents and where they reside.</li> <li>❖ 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.)</li> <li>❖ Proof of how you support yourself.</li> </ul> |

|   |  |
|---|--|
| <p>_____ An abusive family environment</p>                        | <ul style="list-style-type: none"> <li>❖ Notarized, signed personal statement detailing your situation. The statement should include a description of the nature of your relationship with your parents and where they reside.</li> <li>❖ 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.)</li> <li>❖ Proof of how you support yourself.</li> </ul>  |
| <p>_____ Human trafficking</p>                                    | <ul style="list-style-type: none"> <li>❖ A T nonimmigrant status (T-visa) or U Visa with a Form I-918 Supplemental B indicating the victim experienced human trafficking <i>or</i></li> <li>❖ Criminal record relief court orders <i>or</i></li> <li>❖ Notarized, signed statement from a Federal, State, or Tribal governmental entity <i>or</i></li> <li>❖ Notarized, signed statement from a non-governmental organization or human trafficking task force, including victim service providers affiliated with these entities, authorized by a Federal, State, or Tribal government entity <i>or</i></li> <li>❖ Self-attestation signed by or with an accompanying document that includes a signature by a Federal, State, or Tribal government entity</li> </ul> |
| <p>_____ Refugee/asylee status</p>                                | <ul style="list-style-type: none"> <li>❖ An Arrival-Departure Record (I-94) from the U.S. Citizenship and Immigration Services (USCIS) showing a status of “Refugee” or “Asylum Granted”</li> </ul>  |
| <p>_____ Parental incarceration</p>                               | <ul style="list-style-type: none"> <li>❖ A court order or official Federal or State documentation showing that your parents or legal guardians are incarcerated <i>or</i></li> <li>❖ Letter from a financial aid administrator at another institution who documented the student’s circumstance in the same or prior award year.</li> </ul>  |
| <p>_____ Legal Guardianship *does not apply to legal custody)</p> | <ul style="list-style-type: none"> <li>❖ Order of Guardianship court document</li> </ul>   |
| <p>_____ Foster Care</p>  | <ul style="list-style-type: none"> <li>❖ Document such as a court order, attorney statement, a Medicaid agency, foster care agency, an agency administering a program under part B or E of the title IV of the social security Act <i>or</i></li> <li>❖ Letter from a financial aid administrator at another institution who documented the student’s circumstance in the same or prior award year.</li> </ul>   |

I certify that the information provided to support my appeal for special condition is true and accurate to the best of my knowledge. I agree to notify the Office of Financial Aid if any of the information submitted changes. I 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.

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Student's Signature

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: