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
2026-2027

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 schoool. Approvals do not guarantee additional grant funding. *Final decisions may occur as late as Spring 2027. Decisions are final.*

_____

Student's Name ID#

My special condition is best described by:	Required Documentation
_____Recent Unemployment (w/in the last year) *Does not include income reduction*	❖ 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 2024 Federal Tax Return Transcript (can be requested at http://www.irs.gov/) and 2024 W-2 form(s) ❖ Copy of working spouse's last pay stub
_____ Recent death of a parent (w/in the last year)	❖ Copy of Death Certificate ❖ Copy of 2024 Federal Tax Return Transcript (can be requested at http://www.irs.gov/) and 2024 W-2 form(s)
_____Recent Divorce/Separation (w/in the last year)	❖ Copy of 2024 Federal Tax Return Transcript (can be requested at http://www.irs.gov/) and 2024 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 Disability (w/in the last year)	❖ Copy of 2024 Federal Tax Return Transcript (can be requested at http://www.irs.gov/) and 2024 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.
_____Unreimbursed Medical/Dental Expenses	❖ Copy of 2024 Federal Tax Return Transcript (can be requested at http://www.irs.gov/) and 2024 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: