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
2026-2027

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 schoool. Approvals do not guarantee additional grant funding. Requests will be completed within 60 days of enrollment. Final decisions may occur as late as Spring 2027. *Decisions are final.*

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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 homelessness *or* at risk of being homeless	❖ Letter from the school district homeless liaison, director of homeless shelter, street or outreach center *or* ❖ Letter from a financial aid administrator at another institution who documented the student's circumstance in the same or prior award year.
_____ Parental abandonment or estrangement	❖ 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. ❖ Notarized, signed statement from at least two (2) other partiers who are knowledgeable about your situation. One party must be a figured of authority/professional (ex-attorney, clergy member, Social Worker, etc.) ❖ Proof of how you support yourself.

_____An abusive family environment	❖ 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. ❖ Notarized, signed statement from at least two (2) other partiers who are knowledgeable about your situation. One party must be a figured of authority/professional (ex-attorney, clergy member, Social Worker, etc.) ❖ Proof of how you support yourself.
_____Human trafficking	❖ A T nonimmigrant status (T-visa) or U Visa with a Form I-918 Supplemental B indicating the victim experienced human trafficking *or* ❖ Criminal record relief court orders *or* ❖ Notarized, signed statement from a Federal, State, or Tribal governmental entity *or* ❖ 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 *or* ❖ Self-attestation signed by or with an accompanying document that includes a signature by a Federal, State, or Tribal government entity
_____Refugee/asylee status	❖ An Arrival-Departure Record (I-94) from the U.S. Citizenship and Immigration Services (USCIS) showing a status of "Refugee" or "Asylum Granted"
_____Parental incarceration	❖ A court order or official Federal or State documentation showing that your parents or legal guardians are incarcerated *or* ❖ Letter from a financial aid administrator at another institution who documented the student's circumstance in the same or prior award year.
_____Legal Guardianship *does not apply to legal custody)	❖ Order of Guardianship court document
_____ Foster Care	❖ 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 *or* ❖ Letter from a financial aid administrator at another institution who documented the student's circumstance in the same or prior award year.

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.

_____

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: