Geisinger College of Health Sciences

SPECIAL CIRCUMSTANCES FORM 2026-2027
FOR STUDENT

The purpose of this form is to report reductions in income or special circumstances that were not reported on the original FAFSA filed. The FAFSA must be filed prior to completion of this form.

Step 1. Student's Name:

_____ _____
Last First

Step 2. **Special Condition - Please complete all sections that apply to your situation. You must provide documentation to support the condition indicated such as copy of death certificate, proof of unemployment, loss of other income.**

A) Death of parent/spouse after original application was filed.
Date of death:

_____ _____ _____
month day year

B) Parent/Spouse/Student has become separated or divorced after submission of FAFSA.
Date of separation or divorce:

_____ _____ _____
month day year

C) Parent/Spouse/ Student has experienced a reduction in income due to unemployment, illness, or disability and has remained out of work for at least 10 weeks (need not be continuous). Check one:

Date of employment loss:

_____ _____ _____ to _____ _____ _____
month day year month day year

D) Parent/Spouse/ Student had a loss or reduction in unemployment compensation or untaxed income for 2024 such as disability payments, untaxed pension distributions, etc.

_____ _____ _____
Source of Income Value for 2025 Value for 2026

Date that income/benefit ceased or was reduced:

E) If none of the conditions listed are applicable to your situation and change in financial status, please provide details below – attach a separate sheet if necessary:

_____

_____

_____

_____

Step 3 – Expected 2026 Income

In order to evaluate your need for financial assistance, complete the worksheet below providing estimates of all income you and/ or your parent(s) expect to receive in 2026. If you are separated, divorced, or your spouse is deceased, report expected income for only yourself**. Do Not Leave Blanks**, enter a **zero** for questions that do not apply to you.

Expected 2026 Taxable Income	**Student's Income**	**Parents/Spouse's Income**
Income		
Wages, salaries tips	$_____	$_____
Severance pay	$_____	$_____
Pensions and annuities	$_____	$_____
Interest and dividend income	$_____	$_____
Business or farm net income	$_____	$_____
Capital gains	$_____	$_____
Income received from rents after expenses paid for mortgage interest, taxes, and insurance	$_____	$_____
Alimony which will be received	$_____	$_____
Unemployment compensation	$_____	$_____
Any other taxed income	$_____	$_____
Total 2026Taxable Income	$_____	$_____
Expected Untaxed Income and Benefits		
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings); include untaxed portion of 401(k) and 403(b) plans	$_____	$_____
Retirement or disability benefits	$_____	$_____
Worker's Compensation	$_____	$_____
Welfare benefits including AFDC/ADC or TANF (excluding food stamps)	$_____	$_____
Untaxed portion of pensions	$_____	$_____
Living and housing allowances for clergy, military, and others (excluding rent subsidies for low-income housing) including cash payments or cash value of benefits	$_____	$_____
Child support or maintenance payments which will be received	$_____	$_____
Cash support or money paid on student's behalf	$_____	$_____
Veterans benefits except student's educational benefits	$_____	$_____
Railroad retirement benefits	$_____	$_____
Any other untaxed income and benefits such as Black Lung Benefits, Refugee Assistance, etc.	$_____	$_____
Total 2026 Untaxed Income	$_____	$_____
Expected Child Support You Will Pay in 2026	$_____	$_____

Step 3 – Certification

All the information on this form is true and accurate to the best of my (our) knowledge. I (we) agree to provide supporting documentation and understand that if requested proof is not provided, I may not receive aid.

_____ _____

Student's Signature Date Parent/Spouse's Signature Date

Return completed form along with a signed copy of your and your parents'/spouse's 2026 federal tax return(s), including W-2 form(s) to:

Geisinger
Financial Aid Office
525 Pine Street
Scranton, PA 18509
Fax (570) 504-2815