



## 2026-2027 Special Circumstance Application Loss of Child Support/Alimony

When completing the FAFSA, you are required to provide 2024 income/asset information and in some cases, this information changes or is not a good representation of your family's financial situation. If you are experiencing a hardship or other situation that is not reflected on the FAFSA, we may be able to reevaluate your financial need.

**INSTRUCTIONS:** Please complete all sections of this worksheet and submit any requested information to the Financial Aid Office. You will be notified by mail once a decision has been made. Decisions of the Special Circumstances Review Committee are final. **All Steps, A-E, are required.** Please contact us with any questions at 614-251-4778 or [finaid@ohiodominican.edu](mailto:finaid@ohiodominican.edu).

### A. Student Information

Student's Full Name \_\_\_\_\_

ODU Student ID Number **or** Last 4 of social \_\_\_\_\_

Student Phone Number (Including Area Code) \_\_\_\_\_

Parent Daytime Phone Number  
(Dependent Students only) \_\_\_\_\_

### B. Reason For Filing – Loss of Child Support/Alimony that was reported on FAFSA

1. Check which was reduced or ceased: Child Support \_\_\_\_\_ Alimony \_\_\_\_\_
2. Date funds were reduced or ceased: \_\_\_\_\_
3. Indicate the amount and frequency (weekly, monthly) child support or alimony WAS being received prior to the change: \$ \_\_\_\_\_
4. Indicate the amount and frequency (weekly, monthly) child support or alimony IS currently being received (if applicable): \$ \_\_\_\_\_
  - o **Required Documentation:** Letter from child support agency, OR copy of divorce decree, OR (in the case of reduced child support) copy of bank statements showing the prior amount being received and the new amount being received.

### C. Personal Statement

- ☐ I have attached a personal statement to this application explaining the details of my specific situation.

### D. Verification Worksheet

- ☐ I have submitted a V1 Standard: 2026-2027 Verification Worksheet and any documentation that may be required with it (located at [www.ohiodominican.edu/finaidforms](http://www.ohiodominican.edu/finaidforms)).

### E. Certification and Signatures

By signing this application, I certify that the information provided on this form and all supporting documentation is true to the best of my knowledge. I understand that incomplete requests will not be processed and additional documents may be requested to verify my circumstance(s). I also understand that submitting this information does not guarantee an adjustment to my/my child's financial aid.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature (Dependent Students Only): \_\_\_\_\_

Date: \_\_\_\_\_

### Submit completed form to:

Financial Aid Office, Ohio Dominican University, 1216 Sunbury Road, Columbus, OH 43219  
Phone: (614) 251-4778 Fax: (614) 253-3499