



## 2026-2027 Special Circumstance Application Disability/Retirement

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 – Change in income due to disability/retirement since 2024

#### Disability

1. Name of individual(s) receiving disability: \_\_\_\_\_
  - **Required Documentation:** Copy of last pay stub indicating year-to-date earnings AND a copy of your Disability Benefit Statement.

#### Retirement

1. Name of individual(s) retired: \_\_\_\_\_
2. Indicate last date of employment: \_\_\_\_\_
  - **Required Documentation:** Copy of last pay stub indicating year-to-date earnings for 2025 AND documentation to verify other income to be received in 2026 such as social security, pension, severance pay, and retirement plan funds.

### 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