



Student/Applicant Name _____ Smith ID _____

If you have unusual circumstances, complete this form and submit it with specified documentation. Completion of this form does not guarantee an adjustment to the financial aid award and does not release an enrolled student from payment of a balance due on the student account.

Check All Special Circumstances That Apply:

Table with 3 columns: Check, Circumstance, Attach Required Documentation. Rows include: Loss of Employment or Earned Income, Loss of Untaxed Income or Benefits, One-Time / Non-Recurring Income, Medical Expenses, Household Changes, Divorce or separation, Death of a parent, Other.

Student/Applicant and Parent Certification:

If parents are separated/divorced & each parent has unusual circumstances, submit a separate form for each household.

- I certify that the information provided on this form is accurate and complete as of this date.
I understand that verification of this data may be requested at a later date and that the financial aid award may be adjusted based upon the verification process.

Form with fields for Review Request From (email), Student/Applicant Signature (date), and Parent Signature (date).

Enrolled Student Process: a) Begins after August 15, 2025, b) Forms received after December 15, 2025 are not guaranteed consideration for the 2025-2026 academic year, and c) Review decisions are sent directly to the student by letter or email.

Student Name (print) _____ Smith ID _____

SECTION A: Estimated Income

Do not leave any item blank: Include \$0 if applicable.

Smith policy does not allow for 2025-2026 aid awards to be based on 2026 income (informational only).

If you are able, please include your parent/s' 2024 tax return.

Taxable Income: Estimated/2024 Actual if Taxes Filed.	2024	2025	2026
Parent 1 Wages or Salary, check: <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Father <input type="checkbox"/> Stepfather	\$	\$	\$
Parent 2 Wages or Salary, check: <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Father <input type="checkbox"/> Stepfather	\$	\$	\$
Severance Pay/Vacation Payout \$ _____ amount included above in wage/salary	\$	\$	\$
Unemployment Compensation: \$ per week _____ x # of weeks _____	\$	\$	\$
Net Income/Loss from Business (from Schedule C or E p2 or Form 1120)	\$	\$	\$
Interest Income	\$	\$	\$
Dividend Income	\$	\$	\$
Net Rental Income/Loss (from Schedule E p1)	\$	\$	\$
Taxable Distribution – IRA/pension/annuity	\$	\$	\$
Alimony Received	\$	\$	\$
Other Taxable Income (ex: cap. gain, social security, etc): Describe A:	\$	\$	\$
Describe B:	\$	\$	\$

Untaxed Income: Estimated/Actual if 2024 complete.	2024	2025	2026
Retirement Contributions (ex: 401(k), 403b, SEP, IRA,etc)	\$	\$	\$
Tax Exempt Interest Income	\$	\$	\$
Child Support Received for student	\$	\$	\$
Child Support Received for all other children	\$	\$	\$
Untaxed Social Security Benefits	\$	\$	\$
Untaxed Pension Distributions	\$	\$	\$
Housing Allowance	\$	\$	\$
Worker’s Compensation	\$	\$	\$
Other Untaxed Income: Describe A:	\$	\$	\$
Describe B:	\$	\$	\$

SECTION B: Household Changes

Complete if the number of household family members dependent upon parents for support or the number of children enrolled in private school or college has changed since the submission/completion of the CSS Profile.

Name of: Household family members	Age	School attending (if applicable)	Expected Family Contribution	Enrolled ½ time or greater? Yes/No
			\$	
			\$	
			\$	
			\$	