

**FRANCIS TUTTLE - FINANCIAL AID  
SPECIAL CIRCUMSTANCES REVIEW****STUDENT INFORMATION**

Please type or print clearly using only blue or black ink.

|                      |            |                |                      |
|----------------------|------------|----------------|----------------------|
| Last name            | First name | Middle initial | FTTC ID              |
| Local street address | City       | State          | Zip code             |
|                      |            |                | Daytime phone number |

This form will not be processed if any items are left blank or illegible.

If clarification of your situation is necessary, additional information or documentation may be required.

**PURPOSE**

Use this form to request a review of your current financial situation.

**PROCESSING REQUIREMENTS**

The Higher Education Act allows an aid administrator to make professional judgments on a case-by-case basis for students with special circumstances. When you completed the 2026-2027 Free Application for Federal Student Aid (FAFSA), it provided us with your financial situation at the time you completed the form. We know that sometimes there are special circumstances that are not reflected on the FAFSA. When appropriate and sufficient documentation is provided, it may be possible to take these circumstances into account through a process called Professional Judgement (PJ). Please note that a PJ is performed at the discretion of each institution and does not guarantee an increase in financial aid.

**INSTRUCTIONS**

1. **You must complete the 2026-2027 FAFSA online at [fafsa.gov](https://fafsa.gov) before submitting this form.**
2. Select your special circumstance below and attach supporting documentation.
3. Submit a signed personal statement that explains your special circumstance.
4. **Submit this form** and supporting documentation to the Financial Aid Office in person at the Rockwell Welcome Center, Suite A1006, or mail them to Francis Tuttle Technology Center, Financial Aid Office, 12777 N Rockwell Ave, Oklahoma City, OK 73142.

**SECTION A: STUDENT INFORMATION — PLEASE SELECT YOUR UNUSUAL CIRCUMSTANCE(S), AND ATTACH THE NECESSARY DOCUMENTS FOR REVIEW. (SELECT ALL THAT APPLY. IF YOU HAVE A CIRCUMSTANCE NOT LISTED BELOW, PLEASE DISCUSS YOUR SITUATION WITH A FINANCIAL AID COUNSELOR BEFORE SUBMITTING THIS REVIEW.)**☐ **Separation from Employment due to Layoff, Termination, or Disability in 2024 or 2025**

Please submit the following documents:

- Letter from employer on company's letterhead including last date of employment and/or
- Unemployment benefits determination document and/or
- Documentation of year-to-date income (last pay stub, severance pay, SSI benefits)
- 2024 W-2 and 2025 W-2
- 2024 Federal Tax Return and 2025 Federal Tax Return.

☐ **Excessive non-reimbursed medical and/or dental expenses**

Eligible expenses are limited to medical and/or dental expenses not reimbursed through insurance or HRA/HSA/FSA plans (health reimbursement, savings, or flexible spending account, etc.). As a general rule, these expenses normally do not exceed \$3500 before they have an impact on financial aid eligibility.

Please submit the following documents:

- For medical expenses paid in 2024 –
  - Signed copy of your 2024 Federal Tax Return, and
  - Copy of 2024 Schedule A (if you did not itemize, submit a statement itemizing your 2023 out-of-pocket medical expenses paid.
- For medical expenses paid in 2025 –
  - Signed copy of your 2025 Federal Tax Return, and
  - Copy of 2025 Schedule A (if you did not itemize, submit a statement itemizing your 2024 out-of-pocket medical expenses paid.

(CONTINUED ON REVERSE SIDE)

|           |            |                |         |
|-----------|------------|----------------|---------|
| Last name | First name | Middle initial | FTTC ID |
|-----------|------------|----------------|---------|

☐ **Separation or Divorce which occurred after applying for financial aid.**

Please submit the following documents:

- Copy of the court order, final divorce decree, or legal separation agreement
- 2024 Federal Tax Return
- 2024 W2's

☐ **Death of a Spouse or Parent which occurred after applying for financial aid.**

Please submit the following documents:

- Copy of death certificate
- 2024 Federal Tax Return
- 2024 W2's

☐ **Other Special Circumstance**

Please submit the following documents:

- A signed, dated letter explaining the situation
- Any additional documentation you want the Financial Aid Administrator to consider

**SECTION B: PROJECTED 2026-2027 INCOME**

This section asks about income and benefits that you and your family expect to receive between January 1, 2026 and December 31, 2026.

**Please note if a row in the table does not apply to you or if you do not expect any income from that source, write in "0".**

Provide your best estimate in the table below.

| Taxable Income                                                                         | Gross Income Earned from Jan. 1, 2026 until now | Total Projected Gross Income from the entire 2026 year |
|----------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|
| Student's Gross Earnings                                                               | \$                                              | \$                                                     |
| Spouse's Gross Earnings                                                                | \$                                              | \$                                                     |
| Parent 1 Gross Earnings                                                                | \$                                              | \$                                                     |
| Parent 2 Gross Earnings                                                                | \$                                              | \$                                                     |
|                                                                                        | Untaxed Income                                  |                                                        |
| Social Security Benefits                                                               | \$                                              | \$                                                     |
| Child Support Received                                                                 | \$                                              | \$                                                     |
| Public Assistance                                                                      | \$                                              | \$                                                     |
| Other Untaxed Income (workman's comp, VA non-educational benefits, cash support, etc.) | \$                                              | \$                                                     |

**SECTION C: STUDENT CERTIFICATION AND SIGNATURE**

**Certification:** I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

If you need assistance to complete this form, please contact our office at (405) 717-4315 or by email at [finaid@francistuttle.edu](mailto:finaid@francistuttle.edu).