

Special Circumstances 2025-2026

Student Name:

NSHE ID:

Select the option(s) below that best describes your special circumstances:

Amount Received in 2023:

MARRIED AFTER FILING FAFSA (~~Required Documents~~) _____

SEPARATION/DIVORCE/DEATH (**Required Documents:** Separation papers OR divorce papers OR copy of death certificate)

MEDICAL/DENTAL/NATURAL DISASTER EXPENSES (Only amounts not paid by insurance) (**Required Documents:** Itemized receipts or bills with out-of-pocket expenses circled on each, **OR** Copies of medical insurance documentation showing patient's responsibility for payment of medical charges and prescriptions)

Enter amount for major medical, dental, or natural disaster damages not covered by insurance:

Select the year that the expenses occurred: 2023 2024 2025 2026



Special Circumstances

2025-2026

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SECTION 1: REQUIRED DOCUMENTATION/INFORMATION (Continued)

OTHER EXTRAORDINARY CIRCUMSTANCES/EXPENSES

(Required Documents: Itemized receipts/bills, documentation of out-of-pocket expenses, or documentation supporting circumstances.)

SECTION 2: CERTIFICATION

(Parent signature also required if requesting parental special circumstance.)

Student Signature:

Date:

Parent Signature:

Date:

For Office Use Only

Approved Evaluator:

Notes:

Denied Date:

Incomplete New SAI:

Adj. SAI Calc

Contact Information

(775) 744-4444

(775) 744-1025