Lincoln University
LEARN. LIBERATE. LEAD.

Office of Financial Aid
1570 Baltimore Pike
Lincoln University, PA 19352-0999
484-365-5300 phone
484-365-8198 fax
financialaid@lincoln.edu

2027 - 2028 SPECIAL CONDITIONS APPLICATION

This form is to be used by those who may have special circumstances that may change financial aid eligibility.

Student Name_____ Student ID_____
Last First MI

Current Mailing Address_____
Street City, State Zip Code

This application is in response to your request for a review of special circumstances that have arisen, which you feel may change your financial aid eligibility. We require that certain documents be provided to support the specific special condition selected by you and/or your parents. We start with an evaluation of the accuracy of the information that you submitted on your Free Application for Federal Student Aid (FAFSA). We will evaluate the supporting documents along with your FAFSA to determine if you are eligible for any adjustments.

The United States Department of Education provides in the Higher Education Amendments of 1998 a reaffirmation of the use of professional judgement in determining eligibility for federal financial aid. This provision allows for consideration of expected year's income, instead of prior year's income to calculate a student's eligibility. The students' situation **must** meet one of the criteria used by Lincoln University as a special condition. This means that an independent student or contributor(s) who meets a special condition in the 2027-2028 award year may have their eligibility calculated using income for 2026 or projected 2027 tax year income.

Was there a change in income for the 2026 or 2027 tax year? If yes, indicate which year? _ Choose Year __

Provide documentation for the year the income change occurred:

Required Documentation for All Conditions

2025 and 2026 copies of all IRS Tax Return Transcripts (including **all** schedules, W-2s and 1099s) or relevant 2027 documents **(i.e. most recent pay stub, statement from agency of benefits received, etc.)** and a 2027-2028 V1 Verification Worksheet. **Your request will not be considered if the required information is not provided.**

SUBMIT ATTACHED FORMS AND PERTINENT DOCUMENTS TO THE OFFICE OF FINANCIAL AID. INCOMPLETE APPLICATION WITH MISSING DOCUMENTS WILL NOT BE REVIEWED.

Instructions for Completion

1. Complete only the sections that apply to your situation and provide all required documentation.
2. Provide all requested signatures. Write student's name and student ID number across the top of all documents.
3. If additional information is required, you will be notified.

Failure to provide the requested documentation will result in no further processing of this request.

Explanation of Conditions and Additional Required Documents

A.) Loss of employment for more than 10 consecutive weeks in 2026 or 2027 (Only check one condition that applies to your situation and provide the documentation listed.)

Failure to provide the requested documentation will result in no further processing of this request.

☐ Termination or cessation of employment for _____weeks in 2026 or 2027

Acceptable documentation for termination or cessation of employment must include:

- Notice of termination/cessation from employer
- Copy of most recent pay stub(s) or statement of earnings to date
- Notice of unemployment benefit statement
- Documentation on all other sources of income (taxable and non-taxable)
- Notification of Workers' Compensation

☐ Disability or natural disaster; unable to earn income for _____weeks in 2026 or 2027

Acceptable documentation for disability or natural disaster:

- Documentation of Natural Disaster status
- Copy of most recent pay stub(s) or statement of earnings to date
- Notice of unemployment benefit statement
- Documentation on all other sources of income (taxable and non-taxable)
- Notification of Workers' Compensation
- Disability payments

B.) Loss of untaxed income or benefit for more than 10 consecutive weeks in 2026 or 2027 (Only check one condition that applies to your situation and provide the documentation listed). The untaxed income or benefit must be from a public or private agency, from a company, or from a person because of court order. Do not include Veterans' educational benefits.

Failure to provide the requested documentation will result in no further processing of this request.

☐ Loss of unemployment compensation for _____ weeks in 2026 or 2027
☐ Loss of Social Security benefits for _____weeks in 2026 or 2027
☐ Loss of Disability benefits for _____ weeks in 2026 or 2027
☐ Loss of Welfare benefits for _____ weeks in 2026 or 2027

Acceptable documentation:

- Notification of loss of benefit from provider of benefit
- Copy of most recent pay stub(s) or statement of earnings to date
- Documentation on all other sources of income (taxable and non-taxable)

☐ Loss of Court Ordered Child Support for _____ weeks in 2026 or 2027

Acceptable documentation for loss of court ordered child support:

- Court documents verifying loss and date/conditions of loss
- Copy of most recent pay stub(s) or statement of earnings to date (both parents if applicable)
- Documentation on all other sources of parent(s) income (taxable and non-taxable)

☐ Other _____ for _____ weeks in 2026 or 2027

C.) You have already filed your Free Application for Federal Student Aid (FAFSA or Renewal FAFSA) and, since that time, you or your contributor has separated or divorced.

Failure to provide the requested documentation will result in no further processing of this request.

Please provide the date of separation or divorce _____
Mo/Day/Yr

Acceptable documentation:

- Court documented separation agreement, **OR**
- Divorce decree/settlement
- Documentation to support separate residency (i.e. copy of current lease, deed or current utility bills.)

D.) You have already filed your Free Application for Federal Student Aid (FAFSA or Renewal FAFSA) and, since that time, a contributor has died.

Failure to provide the requested documentation will result in no further processing of this request.

Please provide the date your contributor died _____
Mo/Day/Yr

Acceptable documentation:

- Copy of death certificate
- Copy of any death benefits being received (if applicable)

Signatures

Certification:

All the information contained in this application is true to the best of my/our knowledge. If intentionally false or misleading information is provided on this application to obtain federal financial aid, I understand that a fine of up to $10,000, and/or a prison sentence could result.

Print student's name	Student's signature	Date
Print Contributor name	Contributor signature	Date
Print Contributor name	Contributor signature	Date