Curry College
Student Financial Services
1071 Blue Hill Avenue
Milton, MA 02186

2026 - 2027 Parent Special Circumstances Form

Student's Name: _____ Curry ID: @_____

Please complete the income information requested below. Curry College may request additional information to help us better understand your situation as we review your appeal.
Please submit the following information for the contributing parent(s) change in employment:

- Copy of the employment termination confirming last date of employment (if applicable)
- Statement of Unemployment Benefits (if applicable)

2026 PROJECTED TAXABLE INCOME

- Parent 1 Wages (gross amount): $_____
- Parent 2 Wages (gross amount): $_____
- Farm Income/Loss. Individuals who file Schedule F: $_____
- Taxable Portions of IRA distributions or Pension/Annuity Withdrawales: $_____
- OTHER: Taxable Portion of Social Security, Severance, Alimony, etc.): $_____
- Net Income/Loss Business
  (Self-Employed individuals who file Schedule C or have income from an S Corporation): $_____
- Rental real estate, royalties, partnerships, S corporations, trusts, etc.
  (Individuals who file Schedule E): $_____
- Taxable Interest/Dividend Income_
- Unemployment Compensation: $_____

Total Projected Taxable Income for 2026: **$_____**

2026 PROJECTED UNTAXED INCOME

- Short Term/Long Term Disability $_____
- Untaxed portion of IRA and Pension Distributions (Do not include rollovers: $_____
- Untaxed Interest/Dividend Income: $_____

Total Projected Untaxable Income for 2026: **$_____**

Please provide a detailed explanation of your circumstances below or attach a signed letter of explanation.

_____
_____
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The information provided on this form and submitted in support of this appeal is accurate and complete to the best of my knowledge. I have provided projected 2026 federal tax data, and all requested documents. I understand that completing this form does not guarantee financial aid will be increased. I also understand that if financial aid is revised based on this appeal, 2026 income as reported will be verified in 2026 and financial aid may be revised and may have to be repaid if your estimates were inaccurate. I agree to notify Student Financial Services if any income changes.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____