

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

2026 - 2027 Student 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.	may request additional information to help as setter
Please submit the following information for the contributing parent(s) cl	hange in employment:
Copy of the employment termination confirming last date of em	
 Statement of Unemployment Benefits (if applicable) 	ipioyment (ii applicable)
• Statement of Oriemployment Benefits (if applicable)	
2026 PROJECTED TAXABLE INCOME	
Student Wages (gross amount):	\$
Student Spouse's Wages (gross amount):	\$
Farm Income/Loss. Individuals who file Schedule F:	\$
Taxable Portions of IRA distributions or Pension/Annuity With	
OTHER: Taxable Portion of Social Security, Severance, Alimony	
Net Income/Loss Business	Ψ
(Self-Employed individuals who file Schedule C or have income	from an S Corporation):
 Rental real estate, royalties, partnerships, S corporations, trusts, 	± · · · · · · · · · · · · · · · · · · ·
(Individuals who file Schedule E):	¢
Taxable Interest/Dividend Income_	Ψ
Unemployment Compensation:	¢
	\$
Total Projected Taxable Income for 2026:	D
2004 DECITIONED LINES AND INJOANS	
2026 PROJECTED UNTAXED INCOME	
Short Term/Long Term Disability	\$
Untaxed portion of IRA and Pension Distributions (Do not included)	
• Untaxed Interest/Dividend Income:	\$
Total Projected Untaxable Income for 2026:	\$
Please provide a detailed explanation of your circumstances below or attach	i a signed letter of explanation.
	
	
	
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The information provided on this form and submitted in support of this a	- · · · · · · · · · · · · · · · · · · ·
knowledge. I have provided projected 2026 federal tax data, and all reque	
does not guarantee financial aid will be increased. I also understand that	* *
income as reported will be verified in 2026 and financial aid may be revi	
inaccurate. I agree to notify Student Financial Services if any income ch	anges.
2. 1 0.	D .
Student Signature:	Date: