



Last Name

First Name

M.I.

Student ID #

Date of Birth

2025-2026 Special Conditions Application - Dependent

This form may be used for the 2024 - 2025 school year if you feel that the FAFSA does not adequately reflect your financial condition. Please attach any documentation of your circumstances (receipts, unemployment verification, etc.) that will assist in reviewing your circumstance.

A: Special Circumstances Please check the appropriate box

- A parent incurred a reduction in income in 2024 or 2025. Please explain the circumstances in Part B and attach proof (i.e. last paystub, termination letter, unemployment benefits information)
 - Date of Change _____

- You have already applied for Federal Student Aid using 2023 financial data, and since that time, your parents have separated, divorced or a parent has died. (Attach a copy of divorce/separation decree or death certificate.)
 - Circle one: Separation Divorce Deceased
 - Date of separation, divorce or death _____
 - Attach tax forms detailing your and your parents' income.

- Your family incurred a large amount of medical or non-cosmetic dental expenses (out of pocket).
 - Total medical expenses incurred in 2023 or 2024 _____ (please attach schedule A)
 - Amount paid by insurance _____
 - Amount paid out of pocket _____

- Your family incurred expenses paid for elementary, junior high, or high school tuition or home school curriculum for family members other than the student listed above. Please do not include any tuition paid by scholarships.
 - Amount incurred during the current school year _____ (attach statement from school)

- Other. Please explain in Part B.

B: Additional Information Please explain circumstances that are causing financial hardship. Provide complete explanation using dates and dollar figures where appropriate.

C: Estimated 2025 Income

If you are requesting special consideration due to a change in family income for any reason, you must provide complete information regarding estimates of income for January 1, 2025 through December 31, 2025. Please provide the best estimates possible. Additional documentation may be required.

	<u>Student</u>	<u>Father</u>	<u>Mother</u>
1. Estimated income earned from work January 1, 2025 - December 31, 2025	_____	_____	_____
2. Unemployment benefits for 2025	_____	_____	_____
3. Social Security benefits for 2025	_____	_____	_____
4. List amounts received in 2025 for child support, minister's allowance (include value of rent free housing), military rations, housing allowance, Foreign Income Exclusion or any other income NOT reported as Taxable income. Also list any payments made to a deferred pension (e.g., 401k).	_____	_____	_____

D: Certification to be completed by all students

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof (which may include a US Tax Transcript) of the information that I have given on this form. I realize that if I do not give proof when asked, there will be no recalculation of financial aid eligibility.

Student Signature

Date

Parent Signature

Date