



2025-2026 AWARD YEAR

Request for Special Condition

STUDENT INFORMATION

Last Name	First Name	M.I.	Social Security Number
Street Address (include apt. no.)		City	State
Telephone Number (include area code)		Date of Birth	Email Address

TYPE OF SPECIAL CONDITION REQUESTED

You have indicated that you or your family have special circumstances that might affect your financial aid eligibility. Please indicate the type of special circumstances you or your family have encountered.

- _____ Loss of employment. You must attach documentation of your loss of employment.
- _____ Decrease in income from 2023. You must attach documentation of your change in income and your 2024 tax return.
- _____ Unusual medical or dental expenses. You must attach documentation of your medical or dental expenses.
- _____ Other – please specify and attach appropriate documentation:

PLEASE INDICATE YOUR EXPECTED 2025 INCOME

<i>Student Income</i>		<i>Parent Income</i>
\$ _____	Income earned from work	\$ _____
\$ _____	Unemployment compensation	\$ _____
\$ _____	Workers compensation	\$ _____
\$ _____	Social Security Benefits	\$ _____
\$ _____	Child Support	\$ _____
\$ _____	Other income – Please specify	\$ _____
\$ _____	TOTAL EXPECTED 2024 INCOME	\$ _____

REQUIRED SIGNATURES

Student Signature	Date
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Parent/Guardian Signature (if student is dependent)

Date