MARIA COLLEGE

2026-2027 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 2024. You must attach documentation of your change in income and your 2025 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

Student Income		***Parent or Spouse Income***
$ _____	Income earned from work	$ _____
$ _____	Unemployment compensation	$ _____
$ _____	Workers' compensation	$ _____
$ _____	Social Security Benefits	$ _____
$ _____	Child Support	$ _____
$ _____	Other income – Please specify	$ _____
$ _____	***TOTAL EXPECTED 2025 INCOME***	$ _____

REQUIRED SIGNATURES

Student Signature _____ Date