2024-2025 Special Circumstance Application For Independent Students



All documents should be signed and submitted via secure file upload at link.stthomas.edu/FAfiledrop

Student Inform	ation							
Full Name			ID I	Number				
Street			City					
State	Zip Code	D	hone					
	Zip Code	r	none					
Email								
ATTENTION: Regardless of your particular situation, all Special Circumstances Applications must include a signed copy of your 2022 federal tax return and W-2 statements for you and your spouse (if applicable). Please include all schedules submitted with your 2022 federal tax return.								
SECTION 1: CHA	ANGE IN HOUSEHOLI	SIZE that occurred a	fter filing	g your FA	FSA			
DEATH OF SPOUSE								
Please provide a written statement indicating date of death.								
DIVORCE OR SEPARATION OF STUDENT AND SPOUSE								
\square Attach a copy of the divorce decree or proof of separation (e.g., court order, statement from attorney or clergy).								
If you have children, attach a written statement identifying the custodial parent. Also provide the names, ages, and the relationship of the family members you will support through June 30, 2025. Please indicate the family member's relationship to you.								
SECTION 2: EDUCATIONAL EXPENSES								
PRIVATE TUITION EXPENSES AT ELEMENTARY OR SECONDARY SCHOOL								
Attach a copy of the tuition statement for either the 2022-23, 2023-24, or 2024-25 school year, outlining costs and financial aid awarded, for each dependent child attending private elementary or secondary school (do not include expenses for the child who will be enrolling in college in 2024-2025).								
☐ If you are dive secondary sch	If you are divorced, and the non-custodial parent provides assistance toward the private tuition at the elementary or secondary school(s), provide a statement indicating the amount of assistance.							
SPOUSE'S PERSONAL COLLEGE LOAN PAYMENTS								
statement or	payment coupon. Inc	g the college loans your sp lude only the loans your sp ure to total all loan payment	ouse has bo	prrowed for h	nis/her own ed	pouse's bill lucational e	ling xpenses	
SECTION 3: MEDICAL/DENTAL/DEPENDENT CARE EXPENSES not reimbursed or covered by insurance								
you paid (not	t reimbursed by insura	ng 2022, 2023, or 2024 ou ance or by employer's pre-t ndent care, nursing home e	ax cafeteria	plan) for he	alth/dental ins	surance prei	miums,	

OVER

detailed.

SECTION 4: REDUCTION IN EARNINGS OR LOSS OF OTHER INCOME REQUIRED ITEMS Regardless of the cause of the income loss, all applications must include: A written statement explaining the cause, approximate start date, and expected duration of the loss of income. Please provide any details that will help our staff understand how your financial situation has changed. A complete Income Source Table (below). Be sure to include all income sources and provide written notes if the receipt of projected income is uncertain in amount or dependent on other factors. Student or Spouse's most recent paystubs (2 minimum) from all employers (if applicable). Please indicate on the paystub the length of the pay period (e.g. weekly, bi-weekly, monthly). Failure to provide any of the above items will delay the processing of your request. SECONDARY DOCUMENTATION Please provide a photocopy of additional documentation where appropriate. Some examples include but are not limited to: Unemployment benefits summary received from the state job service office A letter from a physician detailing a disability and prognosis A lay-off notice from an employer or details of a severance package

CHANGES TO INCOME INELIGIBLE FOR REVIEW

A notice regarding bankruptcy or foreclosure of a family business/farm

In general, we do not consider changes to income due to loss of overtime, one-time bonuses, withdrawal from retirement accounts, or gambling winnings or losses.

STUDENT/SPOUSE INCOME SOURCE TABLE	2023 Actual	2024 Estimated
Student gross earnings from work (wages, salary, tips, etc.)		
Spouse Parent gross earnings from work (wages, salary, tips, etc.)		
Business/Farm Income		
Interest/Dividend Income. Source:		
Unemployment Compensation		
Severance Pay		
Capital Gains		
Spousal Maintenance and/or Child Support Received		
Taxable Social Security Benefits		
Worker's Compensation and/or Short or Long-term Disability Benefits		
Withdrawal from retirement account		
Other Income (pension, annuity, rental, housing allowance, bonuses, etc.)		
By signing this form, you certify that the information provided is cor	nplete and correct. WAR	NING: If you purposely

give false or misleading information on the form, you may be fined, sentenced to jail, or both.

Date

Student Signature