

2025-2026 Special Circumstance Application For Dependent Students



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

Student Information

Full Name	<input type="text"/>	ID Number	<input type="text"/>
Street	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>
		Phone	<input type="text"/>
Email	<input type="text"/>		

NOTICE TO PARENT(S): Regardless of your particular situation, all Special Circumstances Applications must include a signed copy of the parents' 2023 federal tax return, and W-2 statements for any parent/stepparent listed on the federal tax return. Please include all schedules submitted with your 2023 federal tax return.

SECTION 1: CHANGE IN HOUSEHOLD SIZE that occurred after filing your FAFSA

DEATH OF PARENT/GUARDIAN

Please provide a written statement indicating your parent's name and date of death.

DIVORCE OR SEPARATION OF PARENTS

Attach a copy of the divorce decree or proof of separation (e.g., court order, statement from attorney or clergy).

Attach a written statement identifying the custodial parent. Also provide the names, ages, and the relationship of the family members that this parent will support through June 30, 2026. 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 2023-24, 2024-25, or 2025-26 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 2025-2026). Costs must be paid by parent listed on the FAFSA

PARENTS' PERSONAL COLLEGE LOAN PAYMENTS

Attach a written statement indicating the college loans your parents are repaying, and a copy of the billing statement or payment coupon. Include only the loans your parents have borrowed for their own educational expenses and the monthly amount due.

PARENT ATTENDING COLLEGE IN 2025-2026

College costs can only be taken into consideration if the parent is enrolled at least half-time and in a program that leads to a degree or certificate.

Provide name of college parent (will) attend(s)

Provide proof of registration/admission from the college parent (will) attend(s).

Attach a tuition fee statement or a cost worksheet outlining the tuition/fees parent will be assessed in 2025-2026.

Indicate the amount your parent's employer will provide towards their college costs for the 2025-2026 school year. \$

If your parent is applying for financial aid or is receiving assistance from an agency (e.g., rehabilitation services, job partnership training act, veteran's benefits, etc.) please provide written documentation from the school and/or funding agency.

SECTION 3: MEDICAL/DENTAL/DEPENDENT CARE EXPENSES not reimbursed or covered by insurance

Provide a signed statement itemizing 2023, 2024, or 2025 out-of-pocket medical, dental or dependent care expenses you paid (not reimbursed by insurance or by employer's pre-tax cafeteria plan) for health/dental insurance premiums, doctor, hospital, medication, dependent care, nursing home expenses, etc. Please total all expenses after they are detailed.

OVER

Return this form, with attachments to:
University of St. Thomas
Financial Aid Office - Mail 5007
2115 Summit Avenue, St. Paul, MN 55105
link.stthomas.edu/FAfiledrop

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 Parent 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.
- Parents' 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
- A notice regarding bankruptcy or foreclosure of a family business/farm

CHANGES TO INCOME INELIGIBLE FOR REVIEW

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.

PARENT INCOME SOURCE TABLE	2024 Actual	2025 Estimated
First Parent gross earnings from work (wages, salary, tips, etc.)		
Second 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 complete and correct. WARNING: If you purposely give false or misleading information on the form, you may be fined, sentenced to jail, or both.

Parent Signature

Date