

2026-2027 Special Circumstance Application For Independent Students



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

Student Information

Full Name		ID Number	
Street		City	
State	Zip Code	Phone	
Email			

ATTENTION: Regardless of your particular situation, all Special Circumstances Applications must include a signed copy of your 2024 federal tax return and W-2 statements for you and your spouse (if applicable). Please include all schedules submitted with your 2024 federal tax return.

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

DEATH OF SPOUSE

Please provide a written statement indicating date of death.

DIVORCE OR SEPARATION OF STUDENT AND SPOUSE

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, 2027. 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 2024-25, 2025-26, or 2026-27 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 2026-2027).

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

Attach a written statement indicating the college loans your spouse is repaying, and a copy of your spouse's billing statement or payment coupon. Include only the loans your spouse has borrowed for his/her own educational expenses and the monthly amount due. Be sure to total all loan payments after they are detailed.

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

Provide a signed statement itemizing 2024, 2025, or 2026 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 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
- 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.

STUDENT/SPOUSE INCOME SOURCE TABLE	2025 Actual	2026 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 complete and correct. WARNING: If you purposely give false or misleading information on the form, you may be fined, sentenced to jail, or both.

Student Signature _____ Date _____