

2022-2023 Special Conditions Form

St. Mary's University Office of Financial Assistance One Camino Santa Maria San Antonio, TX 78228 Phone: (210) 436-3141 Fax: (210) 431-2221 Email: <u>finaid@stmarytx.edu</u>

The Special Circumstances form is for students who have exceptional circumstances which are not taken into account through the initial FAFSA process. Please complete this form indicating your circumstances and submit it to our office with the required documentation. Review of special circumstances will take place after you complete a 2022-2023 FAFSA and after you receive an initial 2022-2023 award.

Ineligible Circumstances—The Office of Financial Assistance will not consider or make adjustments for any of the following:

- Parents refuse to help pay for college
- Mortgage, rent, car, and car insurance
- Consumer debt (credit cards, etc)
- Medical insurance premiums
- Reduced bonus incomes or commissions or lottery/gambling winnings

Tracked

Received By

- Chapter 7 Bankruptcy or reductions in income from bankruptcy proceedings
- Unusual expenses related to personal living (such as wedding expenses, loan payments, or legal fees)
- Home equity, IRA, 403B, and 401K loans

A. Student Information

Date Received

Last Name	First Name	M.I.	Student ID #
Address (include ap	ot. no)		
City	State	Zip Code	Phone Number

B. Check off the reason for this request —submit all requested documentation for the reason you are selecting. We cannot proceed with the review without it.

	oss of Income	
• • •	Submit separation letter from previous employer Submit last paycheck stub received Submit all 2021 W2s for the household Submit a signed copy of your 2021 tax return transcript OR signed tax return If applicable, submit documentation from the Texas Workforce Commission (or applic unemployment benefits or on worker's compensation	able state) on
	eduction in Income Due to Divorce or Death of Spouse or Parent	
•	Submit official divorce decree and/or death certificate Submit all household 2020 or 2021 W2 forms	
	nusual Medical Expenses	
•	Attach copies of paid receipts for medical and/or dental expenses out of pocket.	
	ivate School Tuition Expenses	
•	Attach a copy of your invoice from the secondary school tuition expenses dated withir year (July 2022-May 2023)	n the academic
Office Use On	ly	RRAAREQ: SCF BDM: Special Condition

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Imaged

Student's ID Number

Date

Date

- C. Explain the circumstances involving the loss of income and/or additional expenses. Please be specific and provide any necessary dates, names, etc. If needed, feel free to attach a separate letter.
 - NOTE: Be advised, we cannot proceed without reviewing your explanation.

artification and Signature (Digital Signature Not Accented)				

D. Certification and Signature (*Digital Signature Not Accepted*) I certify that all of the information reported on this worksheet is complete and correct. The student and, if dependent, at least one parent must sign and date. *Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.*

Print Student's Name

Student's Signature

Print Parent's Name

Parent's Signature (required, if student is dependent)

You may submit your documentation by fax, email, or mail. Contact information is located on the first page of this form.