

2024-2025 Special Conditions Form



Office of Scholarships and Financial Assistance

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Student information

_____ Last name _____ First name _____ Middle initial _____ Northwest 919 number _____

This form may be used if the financial situation has changed for any person(s) in the household reported on your FAFSA. Please select the circumstance(s) which best describes the change in situation and provide all documentation applicable to circumstance. In addition to appropriate third party documentation, you must submit a detailed letter explaining your situation. **Your request cannot be reviewed until the letter and all documentation is received.**

To accurately project 2024 income, it is necessary to verify base year (2022) income. Our office will contact you if additional information is needed. If you were selected for verification for 2024-2025 we should not need more information to verify.

Projected 2024 Income	Student (and spouse, if married)		Parent(s) of dependent student	
Expected earnings and other taxable income for 2024.	Student \$ _____		Parent 1 \$ _____	
	Spouse \$ _____		Parent 2 \$ _____	
Source and amount of expected untaxed income and benefits for 2024.	Source	Amount	Source	Amount
		\$ _____		\$ _____
		\$ _____		\$ _____

Please select situations that apply to family circumstances and attach appropriate supporting documentation.

2024 Medical/Dental expenses paid but not covered by insurance. Total must be at least 10% of family income to be considered.

Total amount of payments made (*amount paid after insurance*) \$ _____

- Provide a letter of explanation with an itemized list of expenses.
- Provide copies of copies of receipts of payments or copy of payment plan/promissory note.

Student/spouse/parent who earned money in 2022 has lost his or her job and **remained unemployed for at least 10 consecutive weeks** during 2024.

Date full-time work ceased: _____

- Provide a detailed statement of situation and documentation of change in employment from employer(s).
- Provide all final pay stubs for student (and spouse, if married) or for both parents.
- Provide most recent pay stub(s) from all current employment.
- Provide documentation of unemployment benefits received or to be received.
- Provide signed copies of the 2022 Federal Tax Return Transcript or signed 1040 tax return for student (and spouse) or for both parents.
- Provide a separation agreement/letter from employer.

This is a two-page document. Please review and complete both pages prior to submitting.

Student/spouse/parent who earned money in 2022 has experienced a significant decrease in resources in 2024. This must be the result of a disability, natural disaster, change in employment, or one-time income that occurred in 2022. Decreases of less than \$2,000 or less than 20% of the family income cannot be considered.

- Provide a detailed statement of situation with this form.
- Provide recent pay stub(s), disability verification, or other documentation to support loss of income.
- If one-time income was received, attach documentation explaining what happened to the increase.
- Provide signed copies of 2022 Federal Tax Return Transcript or signed 1040 tax return for student (and spouse, if married) or for both parents.

Student or parent who provided parental data on the FAFSA applied for financial aid, but since that time, has separated or divorced and no longer live together.

Check applicable status: Separated Divorced

Date of separation or divorce: Month: _____ Day: _____ Year: _____

- Provide copy of divorce decree or divorce/separation court order.
- If separated, provide a utility bill or other acceptable mail from each individual showing different residence addresses.
- Provide signed copies of 2022 Federal Tax Return Transcript or signed 1040 tax return for student (and spouse, if married) or for both parents.
- Provide copies of all income statements (ex. 2022 W-2s or 1099s) for student and spouse or both parents.

Student applied for financial aid, but since that time the student's spouse or the student's parent has died.

Date of death: _____ Month: _____ Day: _____ Year: _____

- Provide copy of death certificate.
- Provide copies of all income statements (ex. 2022 W-2s or 1099s) for student and spouse or both parents

Other catastrophic event in 2024 not covered by situations listed on this form.

Date of catastrophic event: _____ Begin Date: _____ End Date: _____

- Provide a detailed statement of situation with this form.
- Provide copies of current bills, copies of receipts of payments, or copy of payment plan/promissory note.
- Provide a copy of the statement(s) from the insurance company of any paid or denied claims.

Certification statement

By signing, I certify that all information reported is complete and accurate. I understand electronic signatures will not be accepted.

Student Signature (required)

Date

Parent Signature (required for dependent students)

Date

Warning: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

Office Use Only

Date form and documents received: _____

Reviewed By: _____

Approved

Date: _____

Denied

Approved Changes or reason for denial: _____
