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OFFICE of  
 STUDENT  
 FINANCIAL AID

Office of Student Financial Aid  
 Carrington Hall, Room 101  
 901 S. National Ave.  
 Springfield, MO 65897

[www.MissouriState.edu/FinancialAid](http://www.MissouriState.edu/FinancialAid)

**2023-2024 Application for Special Circumstance Consideration – Dependent Students**

Student's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ M \_\_\_\_\_ BearPass # \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_

**Deadline for submitting: please complete and submit ALL required documentation to the fax/email/address above by:**  
**Fall Semester: December 1, 2023 • Spring Semester: April 1, 2024**

**Complete sections A & B and attach all documentation required.**

This form does not guarantee a change in financial aid, nor will it extend payment due dates. You are responsible for your account balance.

Before completing this form, please visit our [Special Circumstance Guidelines](#) page.

**A. Circumstances (Check all that apply) Documentation Required**

<input type="checkbox"/> Your/your parent(s) 2022 Adjusted Gross Income (AGI) is significantly less than their 2021 AGI	<ol style="list-style-type: none"> <li>Signed copy of 2022 federal tax return, including Schedules 1-3, Schedule C, Schedule K-1 (Form 1065), if used</li> <li>All 2022 W-2s</li> <li>Typed and signed explanation of why AGI is lower in 2022</li> </ol>
<input type="checkbox"/> Loss or change in employment (continuous for 8+ weeks) <ul style="list-style-type: none"> <li>Wage earner's name: _____</li> <li>Date employment ceased: _____</li> </ul> Will wage earner return to work in 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No	<ol style="list-style-type: none"> <li>Letter from employer concerning loss/change in job status</li> <li>Signed copy of 2022 federal tax return, including Schedules 1-3, Schedule C, Schedule K-1 (Form 1065), if used</li> <li>All 2022 W-2s</li> <li>Statement of Unemployment Benefits for 2022</li> <li>If reemployed, provide two most recent paystubs with year-to-date totals</li> <li>Typed and signed statement explaining loss/change in job status</li> <li>If this form is completed after Nov. 1<sup>st</sup> your signed 2023 federal tax return, schedules, and W-2s will be required.</li> </ol>
<input type="checkbox"/> Someone in your household received public assistance in 2021, 2022, or 2023, or is currently a dislocated worker	Complete and return the <i>Public Assistance or Dislocated Worker</i> worksheet instead. <b>Do not submit this worksheet.</b>
<input type="checkbox"/> Parents reported on the FAFSA are now divorced or legally separated <p>Parent remaining on FAFSA</p> Name & DOB: _____	<ol style="list-style-type: none"> <li>Court document or notarized statement indicating the date of divorce or legal separation</li> <li>Parents' signed 2021 federal tax return including Schedules 1-3, Schedule C, Schedule K-1 (Form 1065), if used</li> <li>Parents' signed 2021 state tax return</li> <li>Parent(s) 2021 W-2s</li> <li>2023-24 <a href="#">Dependent Verification Worksheet</a></li> <li>2023-24 <a href="#">Asset Information Worksheet</a></li> </ol>
<input type="checkbox"/> Parent on FAFSA deceased <p>Will you receive survivor benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<ol style="list-style-type: none"> <li>Copy of death certificate</li> <li>Parents' signed 2021 federal tax return including Schedules 1-3, Schedule C, Schedule K-1 (Form 1065), if used</li> <li>Parents' signed 2021 state tax return</li> <li>Parents' 2021 W-2s</li> <li>Survivor benefits statement (if applicable)</li> </ol>
<input type="checkbox"/> Expenses paid in 2022 for private or parochial school(s) for household members reported on FAFSA, and not reimbursed by scholarships, grants, employers, etc.	<ol style="list-style-type: none"> <li><a href="#">Private Tuition Payment Verification Form</a></li> <li>Parent(s) signed 2022 federal tax return including Schedules 1-3, Schedule C, Schedule K-1 (Form 1065), if used</li> <li>Parent(s) 2022 W-2s</li> </ol>

<input type="checkbox"/> Medical or dental expenses paid in 2022 that were not reimbursed by insurance/third party.	<ol style="list-style-type: none"> <li>1. Signed copy of 2022 federal tax return, including Schedules 1-3, <b>Schedule A</b>, Schedule C, Schedule K-1 (Form 1065), if used</li> <li>2. All 2022 W-2s</li> <li>3. Copies of receipts paid out-of-pocket in 2022</li> <li>4. Summary of amounts <i>paid</i> by you or your parent(s) in 2022 (not paid by insurance or an outstanding balance)</li> </ol>
<input type="checkbox"/> Child support payments reported on FAFSA have ended or been reduced in 2023	Court or Child Service Agency documentation stating benefit ending date and amount received in 2023 for each child
<input type="checkbox"/> Parent attended college during 2022. Must be degree-seeking and at least half-time status. Credit hours taken Spring 2022: _____ Summer 2022: _____ Fall 2022: _____	<ol style="list-style-type: none"> <li>1. Billing statement from college reflecting total <i>out-of-pocket tuition</i> expenses paid (expenses not reimbursed by grants, scholarships, employers, etc.) and aid received each 2022 semester attended</li> <li>2. Documentation of total credit hours taken each 2022 semester</li> <li>3. Parent(s) signed 2022 federal tax return including Schedules 1-3, Schedule C, Schedule K-1 (Form 1065), if used</li> <li>4. Parent(s) 2022 W-2s</li> </ol>

If you wish to grant permission for the Office of Student Financial Aid to discuss your special circumstance and financial aid information with your parent or legal guardian, please complete the [FERPA Release of Information Authorization](#).

<b>B. Certification Statement &amp; Signatures</b>
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By signing below, I acknowledge that I have attached all supporting documentation and that all information submitted is accurate and true to the best of my knowledge. Information provided may be discussed with the student and/or parent as necessary. I have read the [Special Circumstance Guidelines](#) and understand that submitting this form does not guarantee that my request will be granted.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Name (printed): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_