

Office of Financial Aid

216 Lela Raney Wood Hall Columbia, MO 65215 PHONE (573) 876-7106 FAX (573) 876-2320 EMAIL finaid@stephens.edu

Student Name (Last, First)	Student ID Number									

2024-2025 Special Circumstances Form (Independent)

The Office of Financial Aid understands that a family's ability to contribute toward 2024-25 academic expenses may change since the time of filing the Free Application for Federal Student Aid (FAFSA). This form will allow you to explain any circumstances that you feel may affect your ability to cover your educational costs.

Attach supporting documentation with dollar amounts and clear explanations. We cannot process this appeal without specific details regarding your special circumstances or without appropriate supporting documentation. Families with a Student Aid Index (SAI) of 0 or less will not receive additional aid through this process as they are already receiving maximum aid. Appeals are handled on a case-by-case basis, with the judgment of the administrator serving as the final decision. Requests may be denied for other reasons such as excessive requests, progress toward degree completion, or excessive student loan debt.

Check the appropriate box or all boxes that pertains to the circumstance(s) which best describes your situation.

Special Circumstance	Documents Needed and Checklist
You and/or your spouse were employed in 2022 and have been unemployed in 2024.	 Personal statement explaining circumstance Letter(s) of Separation from Employer(s) 2024 Unemployment Benefits Statement (if applicable)
Check this box if this best describes to your circumstance	 Most recent pay stub(s) Signed 2024 federal tax return (if after Jan. 2025) All 2024 W-2s (if after Jan. 2025)
You and/or your spouse are receiving less pay in 2024.	 Personal statement explaining circumstance Letter(s) from current employer(s) estimating 2024 adjusted gross income
Check this box if this best describes to your circumstance	 Current pay stub(s) Signed 2024 federal tax return (if after Jan. 2025) All 2024 W-2s (if after Jan. 2025)
Since you have applied for financial aid for the 2024-25 academic year you have become separated or divorced.	 Your 2022 W-2(s) Copy of Divorce Decree (if divorced) or Copy of Legal Separation and Documentation of current separate households
Check this box if this best describes to your circumstance	(i.e. utility bill, cell phone bill, housing lease)
Since you have applied for financial aid for the 2024-25 academic year your spouse has died.	 2022 W-2(s) of deceased spouse Copy of Death Certificate or Copy of Obituary
Check this box if this best describes to your circumstance	

Special Circumstance	Documents Needed and Checklist	
You and/or your spouse had/have medical and dental expenses in 2022 not reimbursed by your insurance (must exceed 11% of the Income Protection Allowance)	 2022 Paid Receipts or 2022 Canceled checks Please note: This does not include unpaid debts incur or expenses that are paid by insurance.	
Check this box if this best describes to your circumstance		
You paid tuition for private elementary, junior high, and/or high school in 2022.	 Please visit our website to download a Private Tuition Payment Verification Form for the private school to complete and return to our office 	
Check this box if this best describes to your circumstance		
You or your spouse received unemployment or some untaxed income in 2022 but will no longer receive the benefit in 2024.	 Personal statement explaining circumstance Statement from Unemployment Office stating benefits have ended or Official Statement stating untaxed income is no longer received or 	
Check this box if this best describes to your circumstance	 Letter on letterhead documenting the benefit loss Signed 2024 federal tax return (if after Jan. 2025) All 2024 W-2s (if after Jan. 2025) 	
Other: If none of the above circumstances applies to your situation, please attach a signed statement explaining your circumstances.	 Personal statement explaining circumstance Attach appropriate supporting documentation 	
Check this box if this best describes to your circumstance		
I agree to allow the financial aid administrator to review my information of the further understand that I may be asked for additional information denied. I understand that if this form is incomplete or lacks the representation of the following that if the formation of the following that if the following that is incomplete or lacks the representation of the following that is also incomplete to review my information denied. I understand that I may be asked for additional information denied. I understand that I may be asked for additional information denied. I understand that I may be asked for additional information denied. I understand that I may be asked for additional information denied. I understand that I may be asked for additional information denied. I understand that I may be asked for additional information denied. I understand that I may be asked for additional information denied. I understand that I may be asked for additional information denied. I understand that I may be asked for additional information denied. I understand that I may be asked for additional information denied. I understand that I may be asked for additional information denied. I understand that I may be asked for additional information denied. I understand that I may be asked for additional information denied to the following that I may be asked for additional information denied to the following that I may be asked for additional information denied to the following that I may be asked for additional information denied to the following that I may be asked for additional information denied to the following that I may be asked for additional information denied to the following that I may be asked for additional information denied to the following that I may be asked for additional information denied to the following that I may be asked for additional information denied to the following that I may be asked for additional information denied to the following that I may be asked for additional information denied to the following that I ma	on or that my request can be partially or completely equired documentation, no action will be taken. Your Your original 24-25 FAFSA has been completed and	
Student Date		