



2024-2025 Independent Special Circumstances Form

Your eligibility for need-based financial aid is determined using the results from the filing of your Free Application for Federal Student Aid (FAFSA). This Special Circumstances Form may be used if you have circumstances that are not addressed through the data provided in the FAFSA or if your circumstances have changed since filing the FAFSA.

This form is for **students who are currently enrolled or readmitted students at Southwestern**. Prospective first-year or transfer students should contact the SU Financial Aid Office for information regarding the consideration of special circumstances.

Submission of this form will allow the SU Financial Aid Office to consider your circumstances, but does not guarantee an increase in your financial aid.

Student Name: _____ SU ID# _____
Last First

Spouse Name (if applicable): _____
Last First

1) Have you previously submitted a Special Circumstances Form for the 2024-25 academic year?

Are you unsure of how to answer this question? Contact the SU Financial Aid Office for assistance.

____ Yes, I have previously submitted a Special Circumstances Form for the 2024-25 academic year and am submitting new or updated information for consideration.

____ No, this is the first time I have submitted a Special Circumstances Form for the 2024-25 academic year.

2) Attach a written statement that describes the special circumstances that you would like us to consider.

Some examples of special circumstances include (but are not limited to): a loss of income from work, death of a spouse, unusual medical expenses not covered by insurance, loss of untaxed income or benefit, legal divorce or separation, elementary or private school tuition expenses for your dependent child, dependent or elder care expenses, support to extended family, or any other unusual circumstance.

3) Attach documents that support/reflect the special circumstances you indicate in your written statement.

Some examples of documents would include (but are not limited to): termination notice, last paycheck stub, a letter from a state agency providing unemployment benefit information, physician's letter, death certificate, medical expense receipts and insurance explanation of benefits statements, official termination of benefits documents, divorce decree or legal separation paperwork, private school expense documents (do not include amounts paid for the student indicated above), statements of dependent/elder care/extended family expense amounts, or any other relevant documentation in support of your statement.

4) In what year did the special circumstances impact your family's financial situation?

_____ 2022 _____ 2023 _____ 2024

6) Please provide the best possible estimates of your projected income for the calendar year January 1, 2024 through December 31, 2024. The Financial Aid Office may request additional documentation. You MUST complete this section.

Source of income	Projected amount from January 1, 2024 through December 31, 2024
Student anticipated income from work in 2024:	
Spouse anticipated income from work in 2024 (if applicable):	
Taxable income from other sources: <i>(examples: Interest bearing accounts, pensions, unemployment compensation, severance, etc.)</i> List the source(s) of taxable income: _____ _____ _____	
Untaxed Income: <i>(Examples: Child Support, Social Security, Welfare, worker's compensation, cash received, etc.)</i> List the source(s) of untaxed income: _____ _____ _____	
TOTAL PROJECTED INCOME FOR 2024:	

Signatures and Certification:

- I certify that all of the information on this form is true and complete to the best of my knowledge.
- I understand that the SU Financial Aid Office may request additional documentation in support of the information provided
- I understand that submission of this form does not guarantee an increase in financial aid
- I understand that purposely giving false or misleading information is subject to disciplinary action and a federal fine of up to \$20,000 and/or federal imprisonment.

Printed student name Student Signature Date

Printed Spouse Name (if applicable) Spouse Signature Date

Please return completed form to: Financial Aid Office, Southwestern University, PO Box 770, Georgetown, TX 78627-0770
 Phone: (512) 863-1259 Fax: (512) 863-1507 Email: finaid@southwestern.edu
 The Financial Aid Office is located in the Wilhelmina Cullen Welcome Center