

Financial Aid Office PO Box 770 Georgetown, TX 78627

Phone: 512-863-1259 Fax: 512-863-1507

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.

Stu	udent Name:	SU ID#
		FIISL
Sp	ouse Name (if applicable):	First
1)		cial Circumstances Form for the 2024-25 academic year? on? Contact the SU Financial Aid Office for assistance.
	Yes, I have previously submitted a submitting new or updated informations.	Special Circumstances Form for the 2024-25 academic year and am tion for consideration.
	No, this is the first time I have subr	mitted a Special Circumstances Form for the 2024-25 academic year.
2)	Some examples of special circumstances include (I not covered by insurance, loss of untaxed income of	bes the special circumstances that you would like us to consider. (but are not limited to): a loss of income from work, death of a spouse, unusual medical expenses or benefit, legal divorce or separation, elementary or private school tuition expenses for your s, support to extended family, or any other unusual circumstance.
3)	Some examples of documents would include (but a unemployment benefit information, physician's letter official termination of benefits documents, divorce of the company of	t the special circumstances you indicate in your written statement. are not limited to): termination notice, last paycheck stub, a letter from a state agency providing er, death certificate, medical expense receipts and insurance explanation of benefits statements, decree or legal separation paperwork, private school expense documents (do not include tements of dependent/elder care/extended family expense amounts, or any other relevant
4)	In what year did the special circumsta	nces impact your family's financial situation?
	20222023	32024

Source of incon	ne Projected a	mount from January 1, 2024 through December 31, 2024
Student anticipated income from wor	rk in 2024:	
Spouse anticipated income from wor applicable):	rk in 2024 (if	
Taxable income from other sources: (examples: Interest bearing accounts, pension compensation, severance, etc.) List the source(s) of taxable income:	ns, unemployment	
Untaxed Income: (Examples: Child Support, Social Security, Woompensation, cash received, etc.) List the source(s) of untaxed income		
TOTAL PROJECTED INCOME FOR	R 2024:	
I understand that the SU Financial AiI understand that submission of this formal	his form is true and complete to the best o d Office may request additional documenta orm does not guarantee an increase in fina se or misleading information is subject to c	ation in support of the information provide ancial aid
inted student name	Student Signature	Date
inted Spouse Name (if applicable)	Spouse Signature	Date

The Financial Aid Office is located in the Wilhelmina Cullen Welcome Center