



## 2023-24 Special Condition(s) Application & Instructions- Independent

(Professional Judgment) Contact: SpecPJ-S

Student's Name \_\_\_\_\_ Social Security Number or KWU Student ID# \_\_\_\_\_ Date \_\_\_\_\_

List the people in your household. **Include:**

- Yourself, and your spouse if you have one, **and**
- Your children, if you will provide more than half of their support from July 1, 2023 through June 30, 2024, **and**
- Other people if they currently live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

\*\*\*\*\*If you need more spaces, please attach a sheet with additional family members listed.\*\*\*\*\*

Full Name	Age	Relationship to Student	College attending in 2023-24	Enrolled at Least Half Time (Y/N)
		Self	Kansas Wesleyan University	

Office Use Only:	#	#	Initials
------------------	---	---	----------

**Instructions:**

- 1) Determine which condition(s) is/are applicable to your situation:
  - a-  Medical, dental, or nursing home expenses greater than 11% of income
  - b-  Private Elementary/Secondary tuition paid
  - c-  Loss of Income or unemployment
  - d-  One Time Payment Received in Calendar Year 2021 which will not be received in 2023-24
  - e-  Unusually high dependent or child care costs
  - f-  Other
- 2) Complete the form.
- 3) Attach documentation supporting circumstances.
- 4) Submit to the Office of Student Financial Planning.

<b>A. /E. Unusual Expenses incurred/expected in 2023-24:</b>
What was the reason/cause of the expense?
Attach documentation of the amount and date of the Unusual Expense.
<b>B. Private Elementary/Secondary tuition paid:</b>
Attach documentation of the following:
<input type="radio"/> Of the amount paid in 2021 or in 2023-24 (e.g. receipts or statement of account from school)
<input type="radio"/> Of the amount paid in 2021 or expected to be paid in 2023-24 (e.g. receipts or account statement from school)

Student's Name \_\_\_\_\_

Social Security Number or KWU Student ID# \_\_\_\_\_

Date \_\_\_\_\_

**C. Loss of /Reduction in income for 2023-24 that was received in Calendar Year 2021:**

	Calendar Year 2021 (Total)	12 Month Period From: Mo _____ Yr _____ - Mo _____ Yr _____
Student Wages, Salaries, Tips and any income from work	\$ _____	\$ _____
Student's Spouse Wages, Salaries, Tips & income from work	\$ _____	\$ _____
Student Disability Benefits	\$ _____	\$ _____
Student's Spouse Disability Benefits	\$ _____	\$ _____
Student Pension and/or Social Security Benefits	\$ _____	\$ _____
Student's Spouse Pension and/or Social Security Benefits	\$ _____	\$ _____
Student Child Support Received	\$ _____	\$ _____
Student's Spouse Child Support Received	\$ _____	\$ _____
Student Other Income (Source _____ )	\$ _____	\$ _____
Student's Spouse Other Income (Source _____ )	\$ _____	\$ _____
<b>Total Income</b>	\$ _____	\$ _____

What was the cause of the loss of income detailed above? (i.e. Unemployment, Termination of Benefits, etc.)

**Attach documentation of the following:**

- Of the amount received in 2021 (e.g. 2021 Form 1040) **AND**
- The Loss of Income (i.e. Notice of Layoff, or Notice of Expiration of Unemployment Benefit) **AND**
- The amount expected to be received in 2023-24, if any.

**D. One Time Payment** Received Calendar Year 2021 which will not be received in 2023-24:

What was the source of the income?

What was the cause of the loss?

**Attach documentation of the following:**

- Of the amount received in 2021 ( e.g. 2021 Form 1040) **AND**
- The Loss of Income (i.e. Notice of Benefit ) **AND**
- The amount expected to be received in 2023-24, if any.

**F. Other:**

Explain issue and Attach Documentation:

Detail Amount:



Affirmation Statement: I hereby affirm that the above information is true and correct to the best of my knowledge and all documentation attached is an accurate and truthful representation of items claimed.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Email you monitor: \_\_\_\_\_

**Financial Aid Administrator's Notes:**

**Determination:**

- Denied because \_\_\_\_\_  See email attached.
- Approved: Attached:  Calculations       Revised Award       Email to Student informing
- / N/A FAA Access Entries       / N/A PJ ISIR

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_