



2024-25 Special Condition(s) Application & Instructions- Dependent

(Professional Judgment) - Contact: SpeCPJ-P

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

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

- Yourself and your parent(s) (including stepparent) even if you don't live with your parents, **and**
- Your parents' other children even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2024, through June 30, 2025 or (b) the children would be required to provide parental information when applying for federal student aid, **and**
- Other people **if they currently live with your parents**, and your parents will provide more than half of their support from July 1, 2024 through June 30, 2025.

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

| Full Name | Age | Relationship to Student | College attending in 2024-25 | Enrolled at Least Half Time (Y/N) |
|------------------|-----|-------------------------|------------------------------|-----------------------------------|
| | | Self | Kansas Wesleyan University | |
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| Office Use Only: | | # | # | Initials |

Instructions:

- 1) Determine which condition(s) is/are applicable to your situation:
 - a- Medical, dental, or nursing home expenses paid 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 2022 which will not be received in 2024-25
 - e- Unusually high dependent or child care costs
 - f- Other
- 2) Complete form.
- 3) Attach documentation supporting circumstances.
- 4) Submit to the Office of Student Financial Planning.

A. /E. Unusual Expenses incurred/expected in 2024-25:

What was the reason/cause of the expense?

Attach documentation of the amount paid and date of the Unusual Expense.

B. Private Elementary/Secondary tuition paid:

Attach documentation of the following:

Of the amount paid in 2022, or 2024-25 (e.g. receipts or statement of account from school)

Of the amount expected to be paid in 2022 or 2024-25 (e.g. receipts or statement of account from school)

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Student's Name _____

Social Security Number or KWU Student ID# _____

Date _____

C. Loss of /Reduction in income for 2024-25 that was received in Calendar Year 2022:

| | Calendar Year 2022 (Total) | Amount Expected 12 Month Period From: Mo ____ Yr. ____ – Mo ____ Yr. ____ |
|--|-------------------------------|--|
| Parent #1 Wages, Salaries, Tips and any income from work | \$ | \$ |
| Parent #2 Wages, Salaries, Tips and any income from work | \$ | \$ |
| Parent #1 Disability Benefits | \$ | \$ |
| Parent #2 Disability Benefits | \$ | \$ |
| Parent #1 Pension and/or Social Security Benefits | \$ | \$ |
| Parent #2 Pension and/or Social Security Benefits | \$ | \$ |
| Parent #1 Child Support Received | \$ | \$ |
| Parent #2 Child Support Received | \$ | \$ |
| Parent #1 Other Income (Source _____) | \$ | \$ |
| Parent #2 Other Income (Source _____) | \$ | \$ |
| Total Income | \$ | \$ |

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 2022 (e.g. 2022 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 2024-25 if any.

D. One Time Payment Received Calendar Year 2022 which will not be received in 2024-25:

What was the source of the income?

What was the cause of the loss?

Attach documentation of the following:

- Of the amount received in 2022 (e.g. 2022 Form 1040) AND
- The Loss of Income (i.e. Notice of Benefit) AND
- The amount expected to be received in 2024-25, 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: _____ Parent Signature: _____

Date: _____ Date: _____

Parent Name: (Please print) _____

Parent Contact Information: Parent Email _____

Parent Cell Phone Number: ____ (____) _____

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** _____