2024-2025 Special Conditions Form

Student’s Information

_________________________  ___________________________  _________________________
First Name                    Last Name                      Morrisville ID#

If your financial circumstances changed drastically between the tax years of 2022 and 2023, use this form to request special consideration of your family’s finances.

Documents Required

All students must submit the items in the list below and the documentation specific to the circumstances they selected.

☐ Signed 2022 AND 2023 tax returns
☐ 2022 AND 2023 W2 forms
☐ Letter detailing your circumstances
☐ Remaining Documentation in one of the lists below

Recent lay off

• Signed and dated letter on letterhead from student/spouse/parent’s prior employer with termination date
• Most recent pay stubs
• Proof of unemployment benefits, or proof of denial for benefits
• Proof of any other income/resources family is receiving (current pay stub, social security benefits, workers compensation, etc)

Recent divorce/separation

• Divorce- copy of divorce decree
• Separation- copy of legal separation or a signed statement from your attorney with the date of separation
• Proof of separate residences (utility bills or rental agreements with different addresses)
• Most recent paystub or proof of income/resources receiving (child support)

Death of spouse or parent(s)

• Death certificate or obituary
• Proof of all the income/resources student or surviving parent receives (current pay stub, social security benefits, life insurance, child support, etc)

Submit Documents To:
SUNY Morrisville Financial Aid
E: finaid@morrisville.edu  P: 315.684.6289 • F: 315.684.6628 •
P.O. Box 901 Morrisville, NY 13408-0901
Recently disabled
• Medical documentation stating when the disability occurred
• Last paystub prior to disability
• Proof of disability benefits being currently received or expected to receive
• Proof of any other income/resources household receives

Other unusual circumstances
• Detailed explanation of unusual circumstances and documentation supporting your claim

Each person signing below certifies that all of the information reported is complete and correct to the best of your knowledge. If asked by an authorized official, I agree to give further proof of the information that I have given on this form. I realize that if I do not provide this additional information, the student request for aid may be denied.

__________________________________________   ________________
Student’s Signature                       Date

__________________________________________   ________________
Parent’s Signature                        Date

__________________________________________   ________________
Student’s Spouse’s Signature             Date