



Special Condition Form for Dependent Student 2024-25 Academic Year

Student's Name: _____ Student ID _____
(Please print)

You have indicated that your parents' financial resources have changed and the FAFSA we have on file for 2024-25 may no longer clearly reflect your family's financial situation. Special conditions include instances such as **loss of employment, death of a parent or spouse, excessive medical bills not covered by insurance, financial hardship caused by multiple students in college, or other changes in the family's income or assets.**

In order to update our information and determine whether we can further assist you with financial aid resources, please complete this form.

Step 1 – Identification

This special condition request is regarding: _____
(Name) (SSN)

Relationship to the student (circle one): self spouse mother/stepmother father/stepfather

Step 2 – Explanation

Describe the situation. Be as detailed as possible, listing name of person involved, dates and dollar amounts. (i.e. for loss of employment please list date of unemployment, amount of unemployment received, amount of any severance pay received)

You may attach a separate sheet if extra space is needed, but please sign and date that sheet in addition to signing this form.

Step 3 – Anticipated 2024 Income

Estimates in this section must include all taxable and non-taxable income received from January 1, 2024 through the date of this affidavit, plus estimated amounts that you expect to receive from the date of this affidavit to December 31, 2024.

If the person listed in Step 1 is married, please include projected income for the spouse.

	Person in Step 1	Spouse
Earnings earned in 2024 to date	_____	_____
Estimated earnings from now until Dec. 31, 2024	_____	_____
Unemployment compensation for 2024	_____	_____
Other taxable income for 2024	_____	_____
Other non-taxable income for 2024	_____	_____

(Continued on back)

Step 4 – Statement and certification

I (we) affirm that all information reported on this form and any documentation which is being supplied is true, complete and accurate to the best of my (our) knowledge. I understand that any false statements or misrepresentations will be cause for denial, reduction, withdrawal and/or repayment of financial aid, and may subject filers to a fine, imprisonment, or both under provision of the United States Criminal Code.

Student signature

Date

Parent signature (if applicable)

Date

Step 5 – Return this form

When this form is completed, please return it to the Student Financial Aid Office at Goshen College. For your convenience, a checklist is listed below of required documentation that you will need to submit.

- _____ Special condition form
- _____ A signed copy of the 2024 federal income tax forms for person in Step 1 (and spouse if applicable)
- _____ A copy of any applicable documentation (i.e. copy of most recent pay stub, copy of medical bills, etc.)

Once the Student Financial Aid Office receives this form and documentation we will review the student's financial aid and determine whether the student is eligible to receive any additional aid. During the review process, it may be necessary to request additional documentation or explanations. We will contact you as soon as possible if there is any additional information needed. When the review process is complete we will send a new award letter letting you know the financial aid that the student is now eligible to receive.

Please let us know if you have any questions.

Please return to:
Student Financial Aid Office
1700 South Main Street
Goshen, Indiana 46526
Phone: (574) 535-7525
Toll free: (800) 348-7422
Fax: (574) 535-7654
E-mail: finaid@goshen.edu