



**Student Financial Assistance**  
G-1 Parker Hall, 300 W. 13th Street  
Rolla, MO 65409  
P: 573/341-4282 F: 573/341-4274

**2023-2024 Financial Aid Year**  
**Verification of Payment of Elementary and Secondary Tuition**

**This form must accompany a Special Circumstance Form - available at <https://sfa.mst.edu/resources/forms/>**

- **Special Circumstance for Dependent Students** - if parent information was required on your 2023-2024 FAFSA
- **Special Circumstance for Independent Student** - if parent information was not required on your 2023-2024 FAFSA

Student Name

Missouri S&T Student ID#

**Section A: To be completed by Missouri S&T student/parent**

**Name and date of birth** of student attending Elementary or Secondary School

I give permission to \_\_\_\_\_  
Name of Elementary or Secondary School

to provide the information requested below to the Missouri S&T Student Financial Assistance Office regarding my listed dependent. I acknowledge that **\$5,000** per sibling/child, per year is the maximum that Student Financial Assistance can consider.

Signature of Parent

Date

**Section B: To be completed by elementary or secondary school official**

Name of Elementary or Secondary School \_\_\_\_\_

Student presently enrolled? Yes \_\_\_\_\_ No \_\_\_\_\_

Anticipated period of enrollment: \_\_\_\_\_

Amount of tuition parent(s) paid or will pay for the 2023-2024 academic year less any waiver, discount or financial aid.

(Please do not include tuition paid for student attending Missouri S&T) \$ \_\_\_\_\_

I certify that all the above information is accurate to the best of my knowledge as of this date.

Name of verifying official

Title of verifying official

Signature

Telephone number