



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

2024-2025 Financial Aid Year
Verification of Payment of Elementary and Secondary Tuition

This form must accompany a Special Circumstance Form - available at sfa.mst.edu/resources/forms/

- **Special Circumstance for Dependent Students** - if parent information was required on your 2024-2025 FAFSA
 - **Special Circumstance for Independent Student** - if parent information was not required on your 2024-2025 FAFSA
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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 2024-2025 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