

## **Student Financial Services**

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

## 2025-2026 Financial Aid Year Dependent Special Circumstance Review

Name (Last, First):	Student ID:
submitted through the Secure Document Upload	ay apply to your situation. These forms and documentation should be d in Joe'SS or mailed to the Student Financial Services Office. Please send copies of your documentation, as these documents will not be returned.
of the following conditions, and your Student A 2025-2026 FAFSA information may be possibling information will not change your eligibility	s than or different than in the 2023 calendar year because of one or more Aid Index (SAI) is not already less than or equal to \$0, an adjustment of your le. (If your SAI is less than or equal to zero, an adjustment to your FAFSA of for need-based aid and a Special Circumstance review will not be ched all the following for the appropriate category.)
completed verification, you do not need to cor	ndent Students (attached to the end of this form) Lentation (see worksheet)
Loss of Income/Employment  Letter(s) of termination (includin Copy of final pay stub(s) showing Unemployment award letter (if a	
	nenting date employment ends (if due to disability or retirement) nenting reduction in income due to job change (must include salary or owing year-to-date income
parent's portion  Copy of legal document related to separation, divorce decree, death	23 tax return transcripts should be divided to reflect only the custodial o requested change (acceptable documentation includes legal notice of
effective date	

2025- 2026 a	ary School Tuition ion of private elementary, junior in academic year. Please download, fication Form from sfs.mst.edu/re	complete, and attach the		
made, the total <u>out-of-</u> Allowance" chart. (Inst ☐ Documentat December 3 and doctor's documentat	mily dy accounts for a portion of a fam pocket medical expenses must exc irance premiums and expenses of ion of out-of-pocket medical expenses, 1, 2026, must be provided. Accept bills that have been paid, credit of ion that shows out of pocket paid ical facilities, a copy of the agreen	ceed 11% of the amount lice overed by insurance may be enses paid by the family be able documentation includered statements showing part (not just billed), etc. If for the card statements are the card statements showing part in the card in the ca	sted in the "Income Protect not be included in this tota etween January 1, 2025, a ades, but is not limited to h paid medical expenses, ins mal payment plan(s) have	tion al) nd nospital surance
Famil	y Size (including student)	Income Protection	Allowance Amount	
2		\$28,530		1
3		\$35,510		1
4		\$43,870		1
5		\$51,750		
6		\$60,540		
listed above	circumstances, you believe may on the common comments of the common c			
Expected 2025 taxable and Estimated 2025 Income	non-taxable income & benefits	7 Annual	Student Parent 1	Darant 2
Taxable Income Other Taxable Income Non-Taxable Income Other Non-Taxable Income	Includes wages, business and/office Includes alimony, capital gains Includes child support received Indicate what is included in the	s, pensions, annuities, etc. 1		rarent 2
	that all information on this form is to support my request adjustmen		lete. Statements and docur	nents
Student signature:		Parent signature: _		
Date:Phon	e Number:	Date:	_ Phone Number:	
Email:		Email:		
If additional documentati	on is needed, both the parent and	l student will receive the r	equest via both the parent	's and the

Return form to Student Financial Services

In-person/mail: G-1 Parker Hall, 300 West 13<sup>th</sup> St Rolla, MO 65409-0250

Fax: 573.341.4274

Submit in <a href="Joe">Joe"SS:</a>: Secure Document Upload (QR Code provided)





### Student Financial Services

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P: 573/341-4282 F: 573/341-4274

# 2025-2026 Financial Aid Year Dependent Verification Worksheet

Your FAFSA was selected by the U.S. Department of Education for review in a process called "Verification." In this process Missouri S&T is required to compare information from your FAFSA with the information on this worksheet and with any other required documents. The law states we have the right to ask you for this information and review it for accuracy under the financial aid program rules (34 CFR, Part 668). **Verification must be completed before your financial aid will be credited to your student account.** 

#### INSTRUCTIONS

- 1. Complete all sections of this worksheet in **full**.
- 2. Student and parent(s) must use their 2023 Federal Income Tax for the 2025-2026 academic year. The easiest way to provide this information is to use the IRS Direct Data Exchange (DDX) to transfer your 2023 tax information to your 2025-2026 FAFSA, if you have not already. **See instructions attached or go to:** sfs.mst.edu/resources/forms/
- 3. All documents must be submitted by the following deadlines:

Fall 2025 Enrollment: October 31, 2025 Spring 2026 Enrollment: March 1, 2026

4. Please return all documents requested to our office via fax to (573)341-4274, secure document upload in <u>Joe'SS</u> or mail to G-1 Parker Hall, 300 W 13th St., Rolla, MO 65409-0250.

### **Student Information**

Last Name	First Name	M.I.
Daytime Phone number (include area code)	Date of Birth	Missouri S&T Student ID#
Family Information		

Please complete the chart below. Include:

- Yourself, even if you don't live with your parents
- Your parents (biological, adoptive, or as determined by the state) include your stepparent, if the parent you live with is remarried)
- Your parents' other children (even if they do not live with your parents) if your parents will provide more than half
  of their support between July 1, 2025, and June 30, 2026, or they would be required to provide parental information
  when applying for Federal Student Aid.
- Other people if they now live with your parents, your parents provide more than half of their support and your parents will continue to provide more than half of their support between July 1, 2025, and June 30, 2026.

Full Name	Age	Relationship
		Student
		Parent 1
		Parent 2

### **Student Tax Information**

Check only one box below regarding STU  a. I filed a 2023 Federal Tax Retur  b. I manually entered or updated my  Transcript from the IRS or a sign schedules.  c. I was not employed, did not have d. *I was employed and had incom  *COMPLETE ONLY IF BOX D ABOVE IS COUNTY of Submit a copy of ALL W-2(s) for 2023 fr	n and used the I  r tax and income  ned copy of my  re income, and a  ne but am not re  CHECKED: Stude	RS DDX when completing information on the FAFSA a 2023 federal tax return (I m not required to file a 20 quired to file a 2023 Fede ents who did not file a 202	nd have a RS form 1 023 Feder ral Tax Ro 3 Federa	ttached a 2023 Tax Return .040) and applicable ral IRS Tax Return. eturn. l Tax Return are required to
Name of	Employer		Ar	nount Earned in 2023
If more space is required, attach a separate page.				
Parent(s)' Tax Information				
<ul> <li>a.  I filed a 2023 Federal Tax Return and used the IRS DDX when completing the FAFSA.</li> <li>b.  I manually entered or updated my tax and income information on the FAFSA and have attached a 2023 Tax Return Transcript from the IRS or a signed copy of my 2023 federal tax return (IRS form 1040) and applicable schedules.</li> <li>c.  I was not employed, did not have income, and am not required to file a 2023 Federal IRS Tax Return.</li> <li>d.  *I was employed and had income but am not required to file a 2023 Federal Tax Return.</li> </ul> *COMPLETE ONLY IF BOX D ABOVE IS CHECKED: Parents who did not file a 2023 Federal Tax Return are required to submit ALL W-2(s) from each employer. List all 2023 employers and related earnings below.				
Name of Non-Filer	Name of Employer			Amount Earned in 2023
If more space is required, attach a separate page.  Sign this worksheet by hand or with sty	zlus Typed or d	igital signatures will he r	eturned	
The student and at least one parent who and date this worksheet. Each person si you purposely give false or misleading i	se information gning certifies t	was reported on the 2025 hat all the information re	-2026 FA eported is	s complete and correct. <b>If</b>
Student	Date	Parent		Date
Parent Daytime Phone number (include Return form to Student Financial Service person/mail: G-1 Parker Hall 300 West 13th Street F	es In-	Parent Email		

Fax: 573.341.4274

Submit in <u>Joe'SS:</u> Secure Document Upload (QR Code provided)

MO 65409-0250