



**Return this form to any of the following:**

- Poteau: Hemphill Hall – HH102
- Sallisaw: Mayo – 8002
- Email: [financialaid@carlalbert.edu](mailto:financialaid@carlalbert.edu)
- Fax: 918-647-1227

## 2023-2024 Special Condition Application

Student Name:	Student ID#:
Phone Number:	Date of Birth:
Student dependency status:	<input type="checkbox"/> Dependent <input type="checkbox"/> Independent
Requesting:	<input type="checkbox"/> FAFSA Change <input type="checkbox"/> Cost of Attendance Increase

This form may be used if there has been a change in your family’s and/or your financial situation that may impact your ability to pay for your education. The following are some examples *and* documentation you may need. You may provide a typed, signed, and dated statement explaining your reason for the request.

### Change in Income – (Please choose all that apply.)

I am requesting a change to my **FAFSA** information due to:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Involuntary or Unavoidable Loss of Job or Benefits</b><br>2022 IRS Tax Return Transcript (TRT) <i>or</i> signed 1040 Form              | <input type="checkbox"/> <b>Other Reason:</b> _____<br>Please attached a signed explanation. |
| <input type="checkbox"/> <b>Change in Marital Status</b> <input type="checkbox"/> <b>Student</b> <input type="checkbox"/> <b>Parent</b>                            |  |
| <input type="checkbox"/> Married/Remarried: Copy of the Marriage License<br>Student/Parent & Spouse’s 2021 IRS TRT <i>or</i> signed 1040 Form                      |  |
| <input type="checkbox"/> Separation/Divorce: Separation Documentation or Divorce Decree<br>Student/Parent & Spouse’s 2021 W2s & IRS TRT <i>or</i> signed 1040 Form |  |
| <input type="checkbox"/> <b>Death of a Spouse/Parent</b><br>Copy of the Obituary or Death Certificate  |  |

### Additional Family/School Expenses – (Please choose all that apply.)

I am requesting a change to my **Cost of Attendance** due to:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Credit Overload/Actual Fees (Attach Student Bill)</b><br># Credit hours enrolled: _____ <input type="checkbox"/> Fall 2023 <input type="checkbox"/> Spring 2024 <input type="checkbox"/> Summer 2024   |  |
| <input type="checkbox"/> <b>Dependent Care</b><br>Facility Name: _____<br>\$ Amount: \$ _____ <input type="checkbox"/> per week / <input type="checkbox"/> per month<br><b>*Attach a signed statement from the facility manager detailing your weekly or monthly out-of-pocket pay.*</b> |  |

My signature certifies that everything I have stated is true to the best of my knowledge. Should the Office of Financial Aid find anything provided in support of my request to be inaccurate, I understand that my request will be denied.

\_\_\_\_\_  
**Student’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent’s Signature** (Dependent Students requesting FAFSA Change Only)

\_\_\_\_\_  
**Date**

<b>Office Use Only:</b>	<input type="checkbox"/> Approved      Sign/Initial: _____	Date: _____
	<input type="checkbox"/> Denied: _____	