



BOISE STATE UNIVERSITY

Financial Aid and Scholarships
Administration Building Room 113
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Boise, ID 83725-1315

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Email: FinancialAid@boisestate.edu

2018-2019

SPECIAL CONDITIONS

STUDENT NAME _____ ID _____ PHONE _____

Deadlines for submitting this form:

Nov. 1, 2018 – if fall 2018 is your final semester at Boise State (if you are graduating or transferring)

April 1, 2019 – if you will attend spring 2019 at Boise State

Summer only students – whichever date is earlier: 3 weeks before the end of your last session, or July 15, 2019

If you or your family has unusual circumstances which may affect your ability to pay educational expenses, the Boise State Financial Aid Office will re-evaluate your financial aid eligibility. Use this form only if the income of a person listed on your FAFSA has changed. Special Conditions are considered on a case-by-case basis and approval is contingent upon specific circumstances.

1. Attach a letter explaining your unique circumstances. Be specific about expenses or income changes.
2. Attach a copy of your 2016 federal tax return transcript and all associated schedules (and parents', if applicable).
3. Check the appropriate reason below and attach documents as indicated.

Divorce or separation with intent to divorce (must live at separate addresses)

- o Date of divorce/separation: _____
- o Attach divorce decree or documentation of separate residences
- o Number of people now in household: _____
and number in college: _____
- o If it is your parents divorcing, how much financial support did you receive in 2016 from the parent whose information is being removed from the FAFSA? \$ _____
- o For all people on your FAFSA, attach all W-2/1099 forms associated with 2016 federal tax returns

Loss of social security, disability benefits, or child support

- o Date benefits stopped: _____
- o Attach documentation from agency that states when benefits stop and amount received in 2018

Death of spouse or parent

- o Date of death: _____
- o Attach document showing date of death
- o Attach copies of all W-2/1099 forms associated with deceased's 2016 federal tax return
- o Anticipated life insurance claim amount: \$ _____

You may be asked to submit additional documents or explanations. Check your BroncoMail for follow-up questions.

Print this page to sign. Student signature is required.

Independent students: if you are married, your spouse must sign. Dependent students: one of your parents must sign.

CERTIFICATION: I certify the information provided above is true. I understand if I use false information to establish eligibility for federal student financial aid, I could be subject to a fine, jail, or both.

Student _____ Date _____ Spouse _____ Date _____

Parent 1 _____ Date _____ Parent 2 _____ Date _____