

Return this form to:

Carl Albert State College Financial Aid Office Hemphill Hall – HH102 P: 918-647-1343

2018-2019 SPECIAL CONDITION APPLICATION

Student is: Dependent Independent	
Student Name:	SSN or ID:
Phone Number:	Date of Birth:
This form may be used for the 2018-2019 school year if there has been a change situation that may impact your ability to pay for your education. Following are an adjustment to your 2018-2019 Free Application for Federal Student Aid (FA.	some examples of why you may be eligible for
 An Involuntary Loss of Job or Benefits Attach 2017 or 2018 Federal Tax Return Transcript. Change in Marital Status Recently married: attach a copy of the Marriage License and Staturn Transcript. Separation or divorce: attach legal documentation and Studen Death of a Spouse Attach a copy of the obituary or death certificate. Please write a detailed statement below explaining your reason for request application. Feel free to attach additional pages if the space provided is a changes you are explaining. Attach any documentation necessary to explain	t's/Spouse's 2016 W2s if filed jointly. sting an adjustment to your financial aid not sufficient. Include specific dates of
than what is reported on your 2016 federal tax return.	
My signature certifies that everything I have stated is true to the best of my knowledge. provided in support of my request to be inaccurate, I understand that my request will be	
Student's Signature	Date
Parent's Signature	Date
OFFICE USE ONLY: Approved: Denied: Signature: Comments	Date: