

Student is:

Dependent

Independent

Return this form to:

Carl Albert State College Office of Financial Aid Hemphill Hall – HH102 or Fax: 918-647-1227

2019-2020 SPECIAL CONDITION APPLICATION

Student Name: Phone Number:		Student ID#: Date of Birth:
Applica Please applica attach:	Involuntary Loss of Job or Benefits > 2017 or 2018 IRS Tax Return Transcript (TRT) or Change in Marital Status > Married/Remarried: Copy of the Marriage License Student & Spouse's 2017 IRS > Separation/Divorce: Separation Documentation or Student & Spouse's 2017 IRS Death of a Spouse/Parent > Copy of the Obituary or Death Certificate write a detailed statement below explaining your reason ation. Feel free to attach additional pages if the space prany documentation necessary to support why your incomor 2018 IRS Tax Return.	signed 1040 Form TRT or signed 1040 Form Divorce Decree TRT or signed 1040 Form & W2s for requesting an adjustment to your financial aid ovided is not sufficient. Include specific dates and
	nature certifies that everything I have stated is true to the best sything provided in support of my request to be inaccurate, I u	
Studen	nt's Signature	Date
Parent ²	e's Signature (Dependent Students Only)	Date
OFFIC Comm	CE USE ONLY: Approved: Denied: Signature: nents	Date: