



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

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

## 2021-2022 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:

- Involuntary or Unavoidable Loss of Job or Benefits**  
2020 IRS Tax Return Transcript (TRT) *or* signed 1040 Form
- Change in Marital Status**    **Student**    **Parent**
  - Married/Remarried:   Copy of the Marriage License  
Student/Parent & Spouse’s 2019 IRS TRT *or* signed 1040 Form
  - Separation/Divorce:   Separation Documentation or Divorce Decree  
Student/Parent & Spouse’s 2019 W2s & IRS TRT *or* signed 1040 Form
- Death of a Spouse/Parent**  
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:

- Credit Overload/Actual Fees (Attach Student Bill)**  
# Credit hours enrolled:   \_\_\_\_\_    Fall 2021    Spring 2022    Summer 2022
- Dependent Care**  
Facility Name:   \_\_\_\_\_  
\$ Amount:   \$ \_\_\_\_\_    per week /    per month  
**\*Attach a signed statement from the facility manager detailing your weekly or monthly out-of-pocket pay.\***

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: _____	