



2024-25 Special Conditions Form for Parents of Dependent Students

Complete this form to notify the Financial Aid Office if you have special circumstances that are not reflected on your dependent’s FAFSA. We will review your situation on an individual basis to determine if a professional judgement is warranted. The Higher Education Act allows financial aid administrators to consider special conditions on a case-by-case basis for parents with extenuating circumstances. Do not complete this form if the FAFSA SAI is -1500.

Residents of Pennsylvania should contact PHEAA at 1-800- 692-7392 concerning PA State Grant. Special Conditions forms reviewed by the Financial Aid Office do not impact state grant eligibility.

Submission of this form does not guarantee additional financial aid. If you have questions, please contact the Financial Aid Office at 412-578-6389 or finaid@carlow.edu.

Student’s Name _____

Student ID _____

Section 1 – indicate the applicable reason for the request and follow instructions.

<input type="checkbox"/>	Reason	Instructions
	Actual 2023 income less than 2022 income reported on FAFSA	Complete section 4 and attach signed copy of 2023 tax return AND W2 form(s)
	Anticipated 2024 income less than 2022 income	Complete sections 2, 3, 4 and attach documentation from employer, copy of most recent pay stub, unemployment benefits statement if applicable, and any other pertinent documentation
	Loss of one-time income	Complete sections 3 & 4 and attach pertinent documentation
	Unusually high medical expenses	Complete sections 3 & 4 and attach documentation including signed copy of applicable tax return with all schedules
	Divorce/separation after 2024-25 FAFSA was filed	Complete sections 3 & 4 and attach divorce decree or documentation to verify separate addresses AND signed copy of 2022 tax return and W2 forms
	Death of parent after 2024-25 FAFSA was filed	Complete sections 3 & 4 and attach copy of death certificate, signed copy of 2022 tax return and W2 forms

Section 2 – Report all actual/anticipated taxable and nontaxable 2024 income (from January 1, 2024-December 31, 2024). Do not leave any item blank. Indicate 0 when applicable.

Actual/Anticipated 2024 Income	Parent/Stepparent 1	Parent/Stepparent 2
Wages/salaries/tips/severance	\$	\$
Income from businesses (self-employment)	\$	\$
Other income (please specify):	\$	\$
Non-taxable income (please specify):	\$	\$
Total Projected 2024 Income	\$	\$

Section 3. Attach a separate statement detailing your circumstances and providing any pertinent information that will help us better understand your situation. Make sure your statement is **signed** once completed and please include parent contact information in case there are questions or additional information is needed. This application will not be reviewed until the statement is submitted.

Section 4 – We understand that if we purposely give false or misleading information on this form or in our supporting documentation, we will be committing a federal crime and could be fined, sent to prison, or both.

Student’s Signature _____ Date _____

Parent’s Signature _____ Date _____

Mail/email Special Conditions form with all necessary documentation to:

Carlow University
Financial Aid Office/Student HUB
3333 Fifth Avenue
Pittsburgh, PA 15213
finaid@carlow.edu