

***If the financial situation for you, your spouse, or your parents has significantly changed from 2024 to 2025, please complete the following form.

Buff ID Number

1. Independent Students - Provide information and documentation regarding you (and your spouse if married).
2. Dependent Students - Provide information and documentation regarding parents (and/or yourself, if applicable).
3. Provide dates regarding changes, such as loss or reduction of employment, or death of a parent or spouse.
4. Financial aid may be delayed until a decision is made on the special circumstance application.

REQUIRED: Provide an explanation below regarding your special circumstance, including dates related to the circumstance. Use the back of this form or attach additional information as needed. **Provide copies of letters regarding job lay off or job termination. For changes regarding income, provide complete copies of 2025 tax returns and 2025 W2's and other income documentation. Use the student portal to upload documents that contain personally identifying information such as social security numbers.**

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Email: financial@wtamu.edu Phone: (806)651-2055 Email: scholarships@wtamu.edu

Student's Name: _____

Buff ID # _____

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Before your status can be evaluated you must provide complete information regarding your estimates of the change in the financial situation for you, your spouse, or your parent(s). Please provide the best possible estimates for the period: January 1, 2025 to December 31, 2025.

B. Taxable Income for 2025***Attach statements or check stubs showing 2025 year-to-date earnings.*****You/Your
Spouse****Your
Parent(s)**

How much you/your Parent 1 earned from work.

\$ _____

How much your spouse/your Parent 2 earned from work.

\$ _____

How much you/your spouse/your parent(s) received in unemployment benefits.

\$ _____

How much you/your spouse/your parent(s) had in other taxable income (i.e. interest, etc.)

\$ _____

Total **2025** Income.

\$ _____

C. Untaxed Income and Benefits for 2025**You/Your
Spouse****Your
Parent(s)**

Social Security Benefits.

\$ _____

Aid for Families with Dependent Children (AFDC or ADC)

\$ _____

Other untaxed income and benefits (i.e. child support, workers comp, military allowance, etc.).

\$ _____

Total 2025 Untaxed Income and Benefits.

\$ _____

D. Amount of Unusual Expenses that were paid in 2025****For 2025 Medical expenses – attach 2025 tax return with Schedule A
For 2026 -- attach copies of "PAID" receipts******You/Your
Spouse****Your
Parent(s)**

Expense Type: _____

\$ _____

Expense Type: _____

\$ _____

Amount Paid by Insurance: _____

\$ _____

Net **2025** Unusual Expenses (**total expenses minus insurance**):

\$ _____

E. CERTIFICATION: By signing below, I certify that all of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S. Income Tax Return. I also realize that if I do not give proof when asked, the student's application may not be processed for financial aid.

I understand my application will not be reviewed without the required documentation.

Date: _____

Student's Signature

Date: _____

Contributor Signature (Parent One)

Date: _____

Contributor Signature (Spouse, if married)

Date: _____

Contributor Signature (Parent Two, if married)

****With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.*

Return completed form to Student Financial Services | Old Main 108

Email: financial@wtamu.edu

Phone: (806)651-2055

Email: scholarships@wtamu.edu

Student's Name: _____

Buff ID # _____

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This section is for SFS Director use only

Approved ☐ Denied ☐ Initials: _____

Approved ☐ Denied ☐ Initials: _____

Approved ☐ Denied ☐ Initials: _____

Date Reviewed: _____

Student Financial Services Representative Signature: _____

Additional Director Comments:

