SCA.1

Student Financial Services
WEST TEXAS A&M UNIVERSITY™

26-27

Professional Judgement Request

(Special Circumstance Application)

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

Student Name _____ **Today's Date** _____ **Buff ID Number** _____

SPECIAL INSTRUCTIONS

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.

NOTE: APPLICATION MUST BE COMPLETE AND INCLUDE REQUIRED DOCUMENTATION.

We regret we cannot review incomplete applications; the application may be returned to the applicant. Please contact Student Financial Services for assistance if required.

A. Student Explanation

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.**

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Student's Name: _____ **Buff ID #** _____ **26-27**

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 I**ncome.	$_____	$_____

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 **I**ncome 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.

ACTUAL SIGNATURES ARE REQUIRED. (Typed names will not be accepted.)

_____ Date: _____
Student's Signature

_____ Date: _____
Contributor Signature *(Parent One)*

_____ Date: _____
Contributor Signature *(Spouse, if married)*

_____ Date: _____
Contributor Signature *(Parent Two, if married)*

Return completed form to Student Financial Services | Old Main 108
Email: financial@wtamu.edu Phone: (806)651-2055 Email: scholarships@wtamu.edu

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Student's Name: _____ **Buff ID #** _____ **26-27**

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: