



Office of Financial Aid

112 College Road
Loch Sheldrake, NY 12759
Email: finaid@sunysullivan.edu
Fax: (845)434-0014

REQUEST FOR SPECIAL CONDITIONS 2025-2026

Student's Name: _____ Student ID#: _____

In order to review your request, check appropriate response.

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Dependent Student Only

- Parent's Loss of employment for at least 10 weeks in 2024. Date job lost: _____
Attach last pay stub.
- Parent who earned money in 2023 has not earned money in 2024. Effective date: _____
Reason for unemployment: _____
- Parents separated or divorced. Effective date: _____
- Death. A parent who received income in 2023 has died. Attach copy of death certificate.
- Other: Explain _____

Attach documentation of 2023 and 2024 income and complete the Income Worksheet on the back of this sheet.

Parent's Signature _____ Date _____

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Independent Student Only

- Loss of employment – you worked full time (at least 35 hours a week) for at least thirty weeks in 2023 but aren't working full time now. Effective date: _____
Reason for loss of employment: _____
- Spouse earned money in 2023 but has lost job for at least 10 weeks in 2024.
Effective date: _____ Attach last pay stub.
- Separation or divorce. Effective date: _____
- Death of spouse. Attach copy of death certificate.
- Other: Explain _____

Attach documentation of 2023 and 2024 income and complete the Income Worksheet on the back of this sheet.

Student's Signature _____ Date _____

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Medical/Dental Expenses

Student's whose family had excessive medical or dental expenses may have that taken into consideration. Documentation of 2023 medical and dental expenses not paid by insurance must be provided - 2023 Schedule A, itemized bill from doctors, dentists, hospitals, and so forth, indicating amount paid by insurance/patient is required.

SUNY Sullivan
 Financial Aid Office
 112 College Road
 Loch Sheldrake, NY 12759
 www.sunysullivan.edu

INCOME WORKSHEET for Special Conditions
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Student's Name: _____ Student ID#: _____

Please provide a copy of both your 2023 and 2024 Federal Tax Returns, copy of W-2's, and the following information of your/your family's annual calendar year income and expenses for 2025.

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Income for 2025

List all sources of income including in-kind gifts for housing or living assistance, etc. **Documentation of the 2025 income must be provided** – Social Security 1099, letter from Public Assistance showing total dollar amount received in 2025, notarized letters listing 2025 total amount for in-kind support or living assistance, etc.

Do you and/or your parent(s) receive any of the following?

- Gross Wage Amount earned to date for 2025 \$ _____
 Estimated future wages through December 31,2025 \$ _____
 Support from family/friends: Yes No Amount per month: \$ _____
 Child Support: Yes No Amount per month: \$ _____
 Social Security: Yes No Amount per month: \$ _____
 Disability: Yes No Amount per month: \$ _____
 Food Stamps/WIC: Yes No Amount per month: \$ _____
 Medicaid: Yes No Amount per month: \$ _____
 Unemployment: Yes No Amount per month: \$ _____

Annual Expenses for 2025	Amount		
	Monthly	or	Yearly
1. Rent or mortgage payment	\$ _____		\$ _____
2. Utilities (gas, phone/cell phone, electric)	\$ _____		\$ _____
3. Insurance: Auto/Home/Renters	\$ _____		\$ _____
4. Food/Groceries	\$ _____		\$ _____
5. Clothing	\$ _____		\$ _____
6. Transportation	\$ _____		\$ _____
7. Medical and/or Dental	\$ _____		\$ _____
8. Other: _____	\$ _____		\$ _____

Student's Signature _____ Date _____

Parent's Signature _____ Date _____