



2025-2026 Special Conditions Form for Dependent Student

For Official Use Only

SPCOND Status:

Student's Name: _____ **Stonehill ID:** _____

Please complete this form in its entirety and submit with all required documentation, along with a **signed letter of explanation**.

1. LOSS OF INCOME

Please complete both sides of this form and submit it with the documentation listed below.

A parent has been unemployed or unable to work for at least 30 days in 2024, and the lost income is equal to at least 8% of the total family income earned in 2024.

- Submit this Documentation for this circumstance:
 - A letter from your employer or a copy of the termination which confirms:
 - Last date of employment
 - Average number of hours worked per week
 - Number of weeks worked in 2024; and
 - Total wages earned in 2023 (submit last YTD paystub)
 - Certification of unemployment benefits, severance pay, and short term / long term disability
 - Copies of parent and student 2023 W2s and signed 2023 federal tax returns with schedules
 - Copies of 2024 W2s and 2024 federal tax returns with schedules, if completed

There has been a decrease in parental income since 2024.

- Submit this Documentation for this circumstance:
 - Copies of last pay stub at original rate and first pay stub at current rate
 - Copies of parent and student 2023 W2s and signed 2023 federal tax returns with schedules
 - Copies of 2024 W2s and 2024 federal tax returns with schedules, if completed

You had Social Security Benefits, but no longer receive these benefits.

- Submit this Documentation for this circumstance:
 - Copy of Notice of Termination of Benefits
 - Copies of parent and student 2023 W2s and signed 2023 federal tax returns with schedules
 - Copies of 2024 W2s and 2024 federal tax returns with schedules, if completed

2. HIGH OUT OF POCKET MEDICAL EXPENSES

Submit this Documentation for this circumstance:

Copies of parent 2023 W2s and signed 2023 federal tax returns with schedules, including but not limited to Schedule A. If no Schedule A, please submit copies of receipts *and* an itemized listing of medical/dental/elder care out of pocket payments made in 2023 and 2024 showing total expenses not covered by insurance.

3. CERTIFICATION AND SIGNATURES

- Our signatures certify the information reported on this form is accurate to the best our knowledge.
- If any of our projections change, we will immediately notify Student Financial Assistance in writing.
- We understand additional documentation may be requested.
- *Incoming Students:* We understand Stonehill will make every effort to respond to us prior to the commitment deadline. However, in the event we have not received a response, a commitment will be based on the award that was offered.
- We will make arrangements to pay our bill on time and not wait for the outcome of this request for additional financial assistance.

Custodial Parent Signature: _____ Student Signature: _____ Date: _____

Student Name: _____

Stonehill ID: _____

Return documentation in PDF format to finaid@stonehill.edu (enter Student name and Stonehill ID in subject line) or mail to Student Financial Assistance, Stonehill College, 320 Washington Street, Easton, MA 02357

Name of Parent 1: _____ Name of Parent 2: _____

Which Parent Lost Income or Benefits: _____

Taxable Income (Please enter zero if item does not apply)	Actual Income in Tax Year 2023	Actual/Estimated Income in Tax Year 2024	Estimated Income in Tax Year 2025
Parent 1 Wages (<i>gross amount</i>)	\$	\$	\$
Parent 2 Wages (<i>gross amount</i>)	\$	\$	\$
Interest & Dividend Income	\$	\$	\$
Alimony received	\$	\$	\$
Capital Gains/Losses (<i>1040, line 7</i>)			
Net income / Loss of Business (<i>1040, Schedule 1, line 3</i>)	\$	\$	\$
Taxable Portions of IRA distributions and Pension/Annuity Withdrawals (<i>1040, line 4b, 5b</i>) <i>Do not include rollovers.</i>	\$	\$	\$
Income from Royalties, Partnerships, S Corporations, Trusts, rental properties (<i>1040, Schedule 1, line 5</i>)	\$	\$	\$
Unemployment Compensation (<i>1040, Schedule 1, line 7</i>)	\$	\$	\$
Taxable Portions of Social Security (<i>1040, line 6b</i>)	\$	\$	\$
Severance Pay	\$	\$	\$
TOTAL INCOME PER TAX YEAR	\$	\$	\$

Untaxed Income	Actual Income in Tax Year 2023	Actual/Estimated Income in Tax Year 2024	Estimated Income in Tax Year 2025
Child Support received (<i>for all children in this household</i>)	\$	\$	\$
Short Term / Long Term Disability	\$	\$	\$
Welfare Benefits (<i>i.e. TANF, SNAP</i>)	\$	\$	\$
Untaxed portion of IRA distributions and pensions (<i>1040 line 4a minus 4b, & 5a minus 5b</i>) <i>Do not include rollovers</i>	\$	\$	\$
Contributions to tax deferred pension / savings plans paid directly or withheld from earnings (1040, Schedule 1, lines 15; Form W-2, boxes 12a-12d, codes D, E, F, G, H, S)	\$	\$	\$
Untaxed Portions of Social Security (<i>1040, line 6a minus 6b</i>)	\$	\$	\$
Unemployment Compensation	\$	\$	\$
Workers Compensation	\$	\$	\$
Veteran' non-education benefits, such as Death Pension and Dependency and Indemnity Compensation (DIC), etc.	\$	\$	\$
Housing, food, or other living allowances paid to members of the military, clergy and others	\$	\$	\$
Other Untaxed Income (<i>includes cash received or bills paid on your behalf, not reported elsewhere on this form</i>)	\$	\$	\$
Tax Exempt Interest & Dividends	\$	\$	\$

Student Name: _____

Stonehill ID: _____

Untaxed Income	Actual Income in Tax Year 2023	Actual/Estimated Income in Tax Year 2024	Estimated Income in Tax Year 2025
TOTAL UNTAXED INCOME PER TAX YEAR	\$ _____	\$ _____	\$ _____