LAW SPECIAL CONDITIONS FORM 2019-2020

NAME __________________________________________ ID # __________________________
(Please print. Use blue or black ink only)

Current Classification _____ 1L _____ 2L _____ 3L Graduation Date__________________

REQUEST FOR ______ FALL ______ SPRING ______ SUMMER

The purpose of this form is to notify the Office of Financial Assistance, of any unusual or special
 circumstance(s) that are not addressed on the Free Application for Federal Student Aid (FAFSA)
 and additional expenses incurred by the student during the academic enrollment period.

Please comply with the following:
   Step 1: Read each section, A through E, of this form carefully.
   Step 2: Check off and complete only the section(s) that apply to you.
   Step 3: Return this form and any required documentation to the office.

A. ELEMENTARY/SECONDARY PRIVATE TUITION & CHILDCARE

_____ A.1. PRIVATE ELEMENTARY AND/OR SECONDARY TUITION EXPENSES
(Attach a copy of the contract or tuition statement for each dependent). *See comment under section A
below.

_____ A.2. CHILDCARE EXPENSES
(Attach a copy of contract from childcare provider. Please indicate the number of children under each age
category). *See comment under section A below.

Newborn to 18 months _______
18 months to 3 years _______
3-5 years _______
6-12 years _______

*Please note – the following is the maximum allowed for budgetary increase for tuition and/or childcare
expenses. Newborn to 18 months - $6,543 for 9 month academic year; 18 months to 3 years - $5,904 for 9
month academic year; 3 years to 5 years - $4,599 for 9 month academic year; 6 yrs to 12 yrs - $2,394 for 9
month academic year.
B. PURCHASE OF COMPUTER/LAPTOP
This is a one-time budget increase. If you have previously requested a budget increase for the purchase of a computer/laptop, an additional increase will not be approved.

C. COMMUTING TO ST. MARY’S FROM OUTSIDE THE BEXAR COUNTY AREA
Provide copies of residential lease agreement, utility bills, and documentation that show valid address.

D. BAR REVIEW COURSE
Provide copy of invoice reflecting amount charged.

E. OTHER CIRCUMSTANCES. Provide an explanation of the circumstance you may have that does not fit into any of the categories. Supportive documentation must be attached. (Please note under federal guidelines, car payments may not be included in the cost of attendance as a transportation expense.)

Explanation:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student’s Signature ____________________________ Date __________________

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OFFICE USE ONLY
REQUEST APPROVED ________ DENIED ______ AMOUNT OF INCREASE $ ____________
BUDGET INCREASE FOR ______ FALL ______ SPRING ______ SUMMER
DATE ___________________ SIGNATURE __________________________________________
tracking______budget______text