COLLEGE OF ST. BENEDICT/SAINT JOHN’S UNIVERSITY
2012-13 Special Circumstances for Financial Aid Review

Student Name _______________________________ Banner I.D. __________________________

SECTION I - REASON FOR REQUESTING FINANCIAL AID REVIEW

Please provide a detailed explanation of the reason(s) for your request for special consideration. Attach documentation if available.
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

SECTION II - INCOME REDUCTION

If you anticipate a reduction in student or parent income for 2012, please check the applicable reason(s) for this change, and indicate the date of occurrence.

A. ____ Loss or Reduction of Employment or Wages

Indicate the individual having the loss/reduction of employment/wages and date it occurred.

___ Father    Date ______________  ___ Mother    Date ______________
___ Student   Date ______________  ___ Spouse   Date ______________

B. ____ Cessation of Unemployment Compensation

___ Father    Date ______________  ___ Mother    Date ______________
___ Student   Date ______________  ___ Spouse   Date ______________

C. ____ Loss of Untaxed Income or Benefits

___ Father    Date ______________  ___ Mother    Date ______________
___ Student   Date ______________  ___ Spouse   Date ______________

Type of benefit reduced/lost and reason for loss/reduction: _________________________________
____________________________________________________________________________________

D. ____ Separation or Divorce of Parents        Date occurred ________________________

E. ____ Death of Parent ___ Father     ___ Mother     Date occurred ______________________

   Distribution of Life Insurance $ _____________   Distribution of Pension $ _______/month

F. ____ Other Income Reduction

   Explain: __________________________________________________________
   __________________________________________________________________
SECTION III - ESTIMATED 2012 TAXABLE AND NON-TAXABLE INCOME AND BENEFITS

Please identify income and benefits you and your family expect to receive between Jan. 1, 2011 and Dec. 31, 2011. If parents are divorced, separated, or widowed, include information for only one parent. Answer these questions as accurately as possible.

<table>
<thead>
<tr>
<th>2012 Income Earned from work</th>
<th>Parents</th>
<th>Student (and spouse)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>$ _____________</td>
<td>Student $ ___________</td>
</tr>
<tr>
<td>Mother</td>
<td>$ _____________</td>
<td>Spouse $ ___________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2012 Unemployment Comp</th>
<th>Parents</th>
<th>Student (and spouse)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>$ _____________</td>
<td>Student $ ___________</td>
</tr>
<tr>
<td>Mother</td>
<td>$ _____________</td>
<td>Spouse $ ___________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2012 Other Taxable Income</th>
<th>Parents</th>
<th>Student (and spouse)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Interest, dividends, alimony, rents, business income, etc.)</td>
<td>Father $ ___________</td>
<td>Student $ ___________</td>
</tr>
<tr>
<td></td>
<td>Mother $ ___________</td>
<td>Spouse $ ___________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2012 Untaxed Income &amp; Benefits</th>
<th>Parents</th>
<th>Student (and spouse)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Benefits</td>
<td>$ _____________</td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td>$ _____________</td>
<td></td>
</tr>
<tr>
<td>Public Assistance/TANF</td>
<td>$ _____________</td>
<td></td>
</tr>
<tr>
<td>Other (Worker’s Comp, Black Lung benefits, Veteran’s Non-educational benefits, etc.)</td>
<td>$ _____________</td>
<td></td>
</tr>
</tbody>
</table>

SECTION IV - CERTIFICATION STATEMENT

We certify that the information provided on this form is complete and accurate to the best of our knowledge. If changes occur during the 2012-2013 academic year that would alter the information provided here, we will immediately contact the Financial Aid Office.

Student’s Signature  ____________________________ Date ________________

Mother’s or Father’s Signature ____________________________ Date ________________

Return form to:

Women:  
College of Saint Benedict  
Financial Aid Office  
37 South College Avenue  
Saint Joseph, MN 56374

Men:  
St. Johns University  
Financial Aid Office  
PO Box 5000  
Collegeville, MN 56321