

2023-2024 Special Circumstances Application

STUDENT INFORMATION								
Last Name: First Name		ne:		M.I.	Banne (if kne	···-·		
Parent's Name(s):								
Parent email address:				Parent daytime phone number:				
REASON	N FOR FILING							
processin	ovide the required documentation bag.	ised on your	reason for filing	this requ	ıest. Failu	re to submit	necessa	ary documentation will delay
Check Reason	SPECIAL CIRCUMSTANC		REQUIRED DOCUMENTATION					
	Private Elementary/Secondary S Tuition	chool	minus fin • If parents assistanc	ancial aic are divor e toward	l and/or di ced/separ the private	scounts for cated, and the	hild(ren e non-ci n eleme	ating tuition charges at that school. ustodial parent provides ntary/secondary school, istance.
	Marital Separation/Divorce (After filing FAFSA) • Documer • Written s and the r support t			entation of separation, divorce or verification of separate residences statement identifying the custodial parent. Provide the names, ages relationship of the family members that the custodial parent will through June 30, 2024. of child support to be received or anticipated by custodial parent.				
	Loss of Employment/Reduced W Financial aid eligibility for 2023-24 on 2021 family income. Complete section if total family income for 20 2023 will be significantly less than	is based this 022 or	 Statement explaining the reason for loss of income, including dates of change Signed copy of 2021 federal tax return Complete Estimated Income Chart (below). Include all income sources. (If you are requesting a review of 2022 income and have your 2022 federal tax return available, please submit a signed copy in place of the Estimated Income Chart) Most recent pay stub(s) from previous/current employer for parents Letter from previous employer stating last date of employment Benefit or denial letter from unemployment Severance information (if any) 					
FCTIMATED INCOME CHART (for Loca of Employment/Deduced Warra)								
ESTIMATED INCOME CHART (for Loss of Employmer Estimated Income			eni/Keaucea	wages)	Jani	uary 1, 2022	<u> </u>	January 1, 2023 –
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ESTIMATED INCOME CHART (for Loss of Employment/Reduced Wages)		
Estimated Income	January 1, 2022–	January 1, 2023 –
	December 31, 2022	December 31, 2023
Parent 1 gross income from work (wages, salary, tips, etc.)		
Parent 2 gross income from work (wages, salary, tips, etc.)		
Interest and/or dividend income		
Business/Farm income		
Unemployment Compensation (\$ for weeks)		
Severance Pay		
Capital gains		
Spousal maintenance		
Child support received		
Taxable social security benefits		
Worker's compensation		
Short-term or Long-term disability benefits		
Withdrawal from retirement account		
Other income (pension/annuity, rental income, housing allowance, bonuses, etc)		
Total Estimated Income	\$	\$

Check Reason	SPECIAL CIRCUMSTANCE	REQUIRED DOCUMENTATION
	High Medical/Dental Expenses Eligible expenses are limited to medical and dental expenses not reimbursed through insurance or HRA/HSA/FSA plans (health reimbursement, savings, or flexible spending account, etc.) As a general rule, these expenses normally need to exceed \$3,500 before they have an impact on financial aid eligibility.	 For medical expenses <u>paid</u> in 2021 - Signed copy of 2021 federal tax return, and Copy of 2021 Schedule A (if you did not itemize, submit a statement itemizing your 2021 out-of-pocket medical expenses paid) For medical expenses <u>paid</u> in 2022 - Signed copy of 2022 federal tax return, and Copy of 2022 Schedule A (if you did not itemize, submit a statement itemizing your 2022 out-of-pocket medical expenses paid)
	One-Time Income	 Written statement explaining dollar amount of any one-time income received and what was done with the income. Signed copy of 2021 federal tax return
	Education Loan Payments Include only loans held by either parent for his/her own educational expenses	Billing statement, showing borrower name and monthly loan payment (Cannot include Parent PLUS Loans or private education loans for child's education)
	Other Unusual Expenses Examples of eligible expenses: Dependent care, elderly care, etc. Consumer debt is not eligible for consideration under special circumstances.	Written statement explaining unusual expenses Documentation of expense(s)

SIGNATURES

by signing below, you certify that the information provided on the CSB/SJU Special Circumstances Application is complete and correct. In	
ccordance with federal regulations, if you purposely give false or misleading information on the FAFSA or Verification Worksheet, you may	y be
ned, sentenced to jail or both.	

Parent Signature	(typed signature will not be accepted)	Date	

Return this form and documentation to:

Women:

College of Saint Benedict Financial Aid Office 37 South College Avenue Saint Joseph, MN 56374 Fax: (320) 363-6090 E-mail: finaid@csbsju.edu Men:

Saint John's University Financial Aid Office 2850 Abbey Plaza Collegeville, MN 56321 Fax: (320) 363-3102 E-mail: finaid@csbsju.edu

Secure Upload option available at https://www.csbsju.edu/financialaid/securefileuploads