

**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 NONTAXABLE 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.

	<b>Parents</b>	<b>Student (and spouse)</b>
<b>2012 Income Earned from work</b>	Father \$ _____ Mother \$ _____	Student \$ _____ Spouse \$ _____
<b>2012 Unemployment Comp</b>	Father \$ _____ Mother \$ _____	Student \$ _____ Spouse \$ _____
<b>2012 Other Taxable Income</b> (Interest, dividends, alimony, rents, business income, etc.)	Father \$ _____ Mother \$ _____	Student \$ _____ Spouse \$ _____
<b>2012 Untaxed Income &amp; Benefits</b> (Benefits for all family members)		
Social Security Benefits	\$ _____	
Child Support	\$ _____	
Public Assistance/TANF	\$ _____	
Other (Worker's Comp, Black Lung benefits, Veteran's Non-educational benefits, etc.)	\$ _____	

**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