

COLLEGE OF ST. BENEDICT / SAINT JOHN'S UNIVERSITY
2009-10 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 2009, 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 2009 TAXABLE AND NONTAXABLE INCOME AND BENEFITS

Please identify income and benefits you and your family expect to receive between Jan. 1, 2009 and Dec. 31, 2009. If parents are divorced, separated, or widowed, include information for only one parent. Answer these questions as accurately as possible.

	Parents	Student (and spouse)
2009 Income Earned from work	Father \$ _____ Mother \$ _____	Student \$ _____ Spouse \$ _____
2009 Unemployment Comp	Father \$ _____ Mother \$ _____	Student \$ _____ Spouse \$ _____
2009 Other Taxable Income (Interest, dividends, alimony, rents, business income, etc.)	Father \$ _____ Mother \$ _____	Student \$ _____ Spouse \$ _____

2009 Untaxed Income & Benefits
(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, disability, 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 2009-2010 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