

2025-2026 Special Circumstances Application

STUDENT INFORMATION			
Last Name:	First Name:	M.I.	Banner ID: <i>(if known)</i>
Parent's Name(s):			
Parent email address:		Parent daytime phone number:	

REASON FOR FILING		
Please provide the required documentation based on your reason for filing this request. Failure to submit necessary documentation will delay processing.		
Check Reason	SPECIAL CIRCUMSTANCE	REQUIRED DOCUMENTATION
<input type="checkbox"/>	Private Elementary/Secondary School Tuition	<ul style="list-style-type: none"> Tuition statement OR letter from the school indicating tuition charges minus financial aid and/or discounts for child(ren) at that school.
<input type="checkbox"/>	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, <u>these expenses normally need to exceed \$3,500 before they have an impact on financial aid eligibility.</u>	<ul style="list-style-type: none"> For medical expenses <u>paid</u> in 2023 - <ul style="list-style-type: none"> Signed copy of 2023 federal tax return, and Copy of 2023 Schedule A (if you did not itemize, submit a statement itemizing your 2023 out-of-pocket medical expenses paid) For medical expenses <u>paid</u> in 2024 - <ul style="list-style-type: none"> Signed copy of 2024 federal tax return, and Copy of 2024 Schedule A (if you did not itemize, submit a statement itemizing your 2024 out-of-pocket medical expenses paid)
<input type="checkbox"/>	Marital Separation/Divorce <i>(After filing FAFSA)</i> Parents must live in separate residences.	<ul style="list-style-type: none"> Documentation of separation, divorce or verification of separate residences Written statement identifying the custodial parent. Provide the names, ages and the relationship of the family members that the custodial parent will support through June 30, 2026. Amount of child support to be received or anticipated by custodial parent
<input type="checkbox"/>	One-Time Income	<ul style="list-style-type: none"> Written statement explaining dollar amount of any one-time income received and what was done with the income. Signed copy of 2023 federal tax return
<input type="checkbox"/>	Education Loan Payments Include only loans held by either parent for his/her own educational expenses	<ul style="list-style-type: none"> Billing statement, showing borrower name and monthly loan payment (Cannot include Parent PLUS Loans or private education loans for child's education)
<input type="checkbox"/>	Other Extenuating Expenses <i>Examples of eligible expenses:</i> Dependent care, elderly care, etc. Consumer debt is not eligible for consideration under special circumstances.	<ul style="list-style-type: none"> Written statement explaining unusual expenses Documentation of expense(s)

Check Reason	SPECIAL CIRCUMSTANCE	REQUIRED DOCUMENTATION
<input type="checkbox"/> <input type="checkbox"/>	Loss of Employment/Reduced Wages Financial aid eligibility for 2025-26 is based on 2023 family income. Complete this section if total family income for 2024 or 2025 will be significantly less than in 2023.	<ul style="list-style-type: none"> • Statement explaining the reason for loss of income, including dates of change • Signed copy of 2023 federal tax return • Complete Estimated Income Chart (below). Include all income sources <i>(If you are requesting a review of 2024 income and have your 2024 federal tax return available, please submit a signed copy in place of the Estimated Income Chart)</i> • 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)

ESTIMATED INCOME CHART (for Loss of Employment/Reduced Wages)		
<i>Estimated Income</i>	<i>January 1, 2024– December 31, 2024</i>	<i>January 1, 2025 – December 31, 2025</i>
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	\$ 0.00	\$ 0.00

SIGNATURES	
By signing below, you certify that the information provided on the CSB/SJU Special Circumstances Application is complete and correct. In accordance with federal regulations, if you purposely give false or misleading information on the FAFSA or Verification Worksheet, you may be fined, sentenced to jail or both.	
Parent Signature <i>(typed signature will not be accepted)</i>	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