2024-2025 Special Circumstances Application

Saint Jo						
STUDE	NT INFORMATION					
Last Nam	e:	First 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						
processin	ıg.					
Check Reason	SPECIAL CIRCUMSTANC	E		REQU	RED DOCUN	IENTATION
	Private Elementary/Secondary So Tuition	chool	 Tuition sta minus fina 	atement OR letter fr ancial aid and/or dis	rom the scho scounts for c	ool indicating tuition charges hild(ren) at that school.

College Tuition for Siblings	• Tuition statement OR financial aid letter from the college/university indicating tuition charges minus financial aid and/or discounts for child(ren) at that school.
Loss of Employment/Reduced Wages Financial aid eligibility for 2024-25 is based on 2022 family income. Complete this section if total family income for 2023 or 2024 will be significantly less than in 2022.	 Statement explaining the reason for loss of income, including dates of change Signed copy of 2022 federal tax return Complete Estimated Income Chart (below). Include all income sources (If you are requesting a review of 2023 income and have your 2023 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)

ESTIMATED INCOME CHART (for Loss of Employment/Reduced Wages)				
Estimated Income	January 1, 2023–	January 1, 2024 –		
	December 31, 2023	December 31, 2024		
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		

Check Reason	SPECIAL CIRCUMSTANCE	REQUIRED DOCUMENTATION
	High Medical/Dental Expenses Eligible expenses are limited to medical and dental expenses <u>not</u> reimbursed through insurance or HRA/HSA/FSA plans (health reimbursement, savings, or flexible spending account, etc.) As a general rule, these <u>expenses normally need to exceed</u> \$3,500 before they have an impact on financial aid eligibility.	 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) For medical expenses <u>paid</u> in 2023 - Signed copy of 2023 federal tax return, and Copy of 2023 Schedule A (if you did not itemize, submit a statement itemizing your 2023 ederal tax return, and
	Marital Separation/Divorce (After filing FAFSA) Parents must live in separate residences.	 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, 2025. Amount of child support to be received or anticipated by custodial parent
	One-Time Income	 Written statement explaining dollar amount of any one-time income received and what was done with the income. Signed copy of 2022 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 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 (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: <u>finaid@csbsju.edu</u> Men:

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

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