



## **2017-2018 SPECIAL CONDITIONS FORM**

St. Mary's strives to offer our best financial assistance within the limitations of federal, state, and institutional funding amounts. We understand that the FAFSA does not always address extenuating circumstances unique to your family. By completing this form, we will be able to determine if these factors have any effect on your 2017-2018 expected family contribution (EFC), which in turn affects your need.

### **INSTRUCTIONS**

We must have the results of your 2017-2018 Free Application for Federal Student Aid (FAFSA) on file in order to review this form. If your FAFSA was selected for federal verification, you must complete that process before your special conditions form can be reviewed.

Please complete the Special Conditions Form in its entirety. In addition, please provide documentation supporting your reason for submitting this form to the Office of Financial Assistance. *Forms submitted without documentation will not be processed.*

Below are some common special circumstances and the required documentation to claim these conditions.

### **INVOLUNTARY LOSS OF INCOME/BENEFITS:**

Unemployment (*documentation: letter of separation and final pay stub from employer*)

Loss of overtime (*documentation: letter from employer, pay stubs*)

Loss of non-reoccurring income/benefits (*documentation- tax return including appropriate form, i.e. 1099-MISC*)

Death of wage earner (*documentation: copy of death certificate*)

Divorce/Separation (*documentation: court paperwork verifying legal separation or divorce*)

Loss of benefits or child support received, etc. (*documentation: letter or court paperwork verifying date and amount of benefit lost*)

Expected decrease in income (if 2016 and/or 2017 income will be significantly less than 2015; *documentation: most recent paystub with YTD earnings, 2016 W-2's or 2016 tax transcript.*)

### **UNUSUAL EXPENSES:**

Unreimbursed elementary and/or secondary tuition expenses (*documentation: copy of school statement*)

Daycare expenses for younger dependent children under the age of 12 (*documentation: copy of receipt of payment*)

Unreimbursed medical/dental expenses not covered by insurance. (*documentation: copy of bill with receipt of payment*)

ST. MARY'S UNIVERSITY



**2017-2018 SPECIAL CONDITIONS FORM**

STUDENT NAME \_\_\_\_\_ ID # \_\_\_\_\_

**Circumstance(s) to be considered:**

- |   |  |
|---|--|
| <input type="checkbox"/> Loss of employment                 | <input type="checkbox"/> One-time payment                            |
| <input type="checkbox"/> Reduction of earnings              | <input type="checkbox"/> Separation or divorce                       |
| <input type="checkbox"/> Loss of benefits                   | <input type="checkbox"/> Death of spouse/parent                      |
| <input type="checkbox"/> Unusual medical or dental expenses | <input type="checkbox"/> Private elementary/secondary school tuition |
| <input type="checkbox"/> Day care expenses                  | <input type="checkbox"/> Other _____                                 |

**BRIEF EXPLANATION OF CIRCUMSTANCE(S):**

Describe reason for requesting additional financial assistance with appropriate documentation. You may attach an additional sheet to this form if you prefer. Please state dates and dollar amounts affecting your circumstance.

---

---

---

---

---

---

---

---

---

---

**CONTINUED ON REVERSE**

**ESTIMATED 2017 YEAR INCOME:**

Please list projected/estimated income sources from January 1, 2017 to December 31, 2017.

	<b>Parent 1 Father/Mother Step-Parent</b>	<b>Parent 2 Father/Mother Step-Parent</b>	<b>Student</b>	<b>Student's Spouse</b>
Work Income				
Taxable Income/Benefit*				
Untaxed Income/Benefit**				

\* Taxable benefits may include: Unemployment compensation, alimony received, distributions from tax-deferred pensions, etc.

\*\* Untaxed income, includes, but not limited to, untaxed portion of IRA/pension/annuity, IRA deductions and payments, tax exempt interest, etc.

**UNREIMBURSED EXPENSES:**

Document 2016 and 2017 *annual* amount of unusual expenses to be paid by either parent(s) or student/spouse. Please attach appropriate documentation which supports the dollar amount(s).

	<b>Parent(s) 2016</b>	<b>Student/Spouse 2016</b>	<b>Parent(s) 2017</b>	<b>Student/Spouse 2017</b>
Medical or Dental NOT covered by insurance				
Private elementary/secondary tuition for younger child or children in household				
Day Care Expense(s) for child or children under 12 yrs.				
Other Expenses _____				

**CERTIFICATION**

By signing below, I (we) certify that the information and documentation I have provided for review is accurate to the best of my knowledge. I understand that failure to attach the required documentation will cause a delay or denial of this request. I further understand that completion of this form is not a guarantee an increase to the current financial aid award.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Spouse

\_\_\_\_\_  
Date

In the event that a financial aid counselor should need to contact me about the content of this request, I may be reached at:

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

I am attaching \_\_\_\_\_ pages of documentation with this form. *Forms submitted without documentation will not be processed.*