

St. Joseph's College of Nursing

Financial Aid Office
 206 Prospect Ave
 Syracuse, NY 13203
 P: 315.448-5266
 F: 315-448-5745



Special Circumstance Request Form 2021-2022 Academic Year

Student Name: _____ SS#: _____

Do not complete this form unless you have already applied for financial aid using the 2021-2022 Free Application for Federal Student Aid (FAFSA). If you have not, please complete the online FAFSA at: www.fafsa.ed.gov.

It is appropriate to complete this form only if you, your spouse, or your parent(s) is experiencing or will experience an involuntary reduction in 2021 income as compared with total income received in 2020. Examples of special circumstances that may be reviewed are:

- Retirement of dependent student's parent
- Death of dependent student's parent
- Loss of income
- Reduction of untaxed income (ex. Child support)
- High, unreimbursed medical expenses
- Parent marital status change

Instructions:

1. Complete this form in its entirety, provide ALL required documents that support your special circumstance, and submit to the Financial Aid Office at the address above. **If this form is incomplete or lacks the required documentation, no action will be taken. Please submit photocopies of the required documentation, as these documents will NOT be returned to you.**
2. Allow at least 6 weeks after all of the required documents have been received by the Financial Aid Office for the committee to review your information. If you have already received an Award Letter, you will be sent a revised Award Letter. If you have not yet received an Award Letter, any adjustment will be indicated on your Award Letter.

Documentation provided must contain information as outlined below.

- Letter from employer indicating the last day of employment
- Last paycheck stub showing year to date earnings
- 2019 Federal Tax Returns and W2 forms
- Letter indicating any severance pay, vacation pay, etc. as a result of unemployment benefits
- Verification Worksheet and documentation of any untaxed income received in 2018 and 2019 (attached)
- Divorce decree or legal separation documentation and proof of separate residences
- Any additional documentation that may clarify your special circumstance request

Please complete all sections:

Please indicate amounts for each category of Income below. If no income in a category, Please write in 0.	Actual from 01/01/2020	Projected from today through 12/31/2021	
Student's Employment			
Spouse's Employment			
Mother's Employment			
Father's Employment			
Unemployment benefits			
Social Security Benefits			
AFCS/TANF			
Food Stamps			
Other Social Service Benefits			
Child Support Received			
Monetary Gifts			

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Housing, food, other living allowances provided by parents, relatives, friends, military, etc.			
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Please include a written summary to assist the committee in better understanding of your circumstances.

All of the above is true and correct to the best of my knowledge and I am attaching documentation for the information I gave on this form. I also realize that if I do not provide documentation, this form will not be processed and no changes will be considered. I recognize the decision of the Financial Aid Office is final.

Student Signature _____

Date _____

Spouse Signature _____

Date _____

Mother Signature _____

Date _____

Father Signature _____

Date _____

NON-DISCRIMINATORY POLICY

St. Joseph's College of Nursing at St. Joseph's Hospital Health Center does not discriminate in the administration of educational policies or programs, admission policies, scholarship and loan programs, and other school-administered Programs. The College's non-discrimination policy is inclusive of, but not limited to, race, age, color, national or ethnic origin, marital status, gender, sexual orientation, gender identity, gender expression, veteran/military status, religion, disability, or political ideology.