# St. Joseph's College of Nursing Financial Aid Office

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



# Special Circumstance Request Form 2022-2023 Academic Year

Student	ident Name: SS#:		
	not complete this form unless you have already applied for financial aid using the 2022-I (FAFSA). If you have not, please complete the online FAFSA at: <a href="www.fafsa.ed.gov">www.fafsa.ed.gov</a> .	2023 Free Application for Federal Student	
It is app reductio are:	s appropriate to complete this form only if you, your spouse, or your parent(s) is experier luction in 2021 income as compared with total income received in 2020. Examples of specific	ncing or will experience an involuntary pecial circumstances that may be reviewed	
	<ul> <li>Retirement of dependent student's parent</li> <li>Death of dependent student's parent</li> <li>Loss of income</li> <li>Reduction of untaxed income (ex. Child support)</li> <li>High, unreimbursed medical expenses</li> <li>Parent marital status change</li> </ul>		
Instructi	tructions:		
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.	<ol><li>Allow at least 6 weeks after all of the required documents have been received by review your information. If you have already received an Award Letter, you will be not yet received an Award Letter, any adjustment will be indicated on your Award</li></ol>	e sent a revised Award Letter. If you have	
Docum	cumentation provided must contain information as outlined below.		
	<ul> <li>□ Last paycheck stub showing year to date earnings</li> <li>□ 2019 Federal Tax Returns and W2 forms</li> <li>□ Letter indicating any severance pay, vacation pay, etc. as a result of unemployme</li> <li>□ Verification Worksheet and documentation of any untaxed income received in 201</li> <li>□ Divorce decree or legal separation documentation and proof of separate residence</li> </ul>	l8 and 2019 (attached)	

Please indicate amounts for each category of	Actual from	Projected from today	Projected total
Income below. If no income in a category, Please write in 0.	01/01/2021	through 12/31/2021	year 2022
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			
Housing, food, other living allowances provided by parents,			
relatives, friends, military, etc.			

Please complete all sections:

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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.