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 2024-2025 Academic Year

| Student | nt Name: SS# | |
|---------|--|--|
| | ot complete this form unless you have already applied for financial aid us (AFSA). If you have not, please complete the online FAFSA at: | |

| 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. | 01/01/2023 | through 12/31/2023 | year 2024 |
| 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 | <u>-</u> | | |
| 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.