

SAINT PETER'S COLLEGE
Financial Aid Office
SPECIAL CONDITION REQUEST FOR REVIEW – 20____-20____

The Financial Aid Office recognizes that a family can experience a change in financial circumstances which make it necessary to re-evaluate an aid application. Before consideration will be given, the student must have submitted a 2010-2011 Free Application for Federal Student Aid (FAFSA) and the results must be on file. Also, if selected, the federal/state verification process must be finalized.

SEE BACK OF THIS FORM FOR A LIST OF REQUIRED DOCUMENTATION.

Please CHECK BELOW (✓) the special circumstance which affect your family & answer all questions below the item. Students and parents are required to provide the documentation as noted on the back of this form and SIGN BELOW.

Print Student Name: _____ **Social Security #:** _____

- Unemployment** of a parent, student or student's spouse due to termination, disability, retirement or layoff.

Name of unemployed person: _____ Relationship to student: _____

Date of unemployment: ___/___/___ Weekly amount of Unemployment Benefits: \$ _____

What is the total amount of severance or vacation pay, if any, to be received in 20____? \$ _____

Has person returned to work? Yes No If yes, indicate date: ___/___/___

If yes, indicate monthly gross income from new job: \$ _____

- Divorce or separation** of student or student's parents.

Date of Divorce or Separation: ___/___/___ Name of parent student lives with? _____

Indicate weekly amount of support received by this parent:

Child Support (for all children): \$ _____ Alimony: \$ _____ Household Support: \$ _____

- Death** of parent or spouse.

Name of deceased person: _____ Date of Death: ___/___/___

Date Social Security Benefits began: _____ Monthly amount for all family members: \$ _____

- Loss of Untaxed Income or Benefits**, such as, social security, child support, pension, etc.

Person who lost benefits: _____ Type of benefits lost: _____

Date benefits lost: ___/___/___ Total received 20____: \$ _____ Total received in 20____: \$ _____

- Unreimbursed Paid **Medical Expenses** in 20____.

Name of person(s) incurring the expenses: _____

Nature of illness: _____

- Student Loss of FULL-TIME Work** (Student worked at least 35 hours a week for at least 30 weeks in 20____, but is no longer working full-time).

Applicant is currently working part-time or unemployed.

Reason for change in employment status: _____

If working part-time, what are the expected wages for 20____? \$ _____

If unemployed, please answer all questions in **Unemployment** section above.

- Other.** Please attach a detailed letter of explanation. See back of form for list of circumstances which will NOT be considered.

Student's _____ **Parent's** _____
Signature: _____ **Date:** _____ **Signature:** _____ **Date:** _____

Required Documents for Special Condition Requests

In addition to the required documents to support the request, it is recommended that the student and/or parent write a letter describing the extenuating circumstances which have affected their ability to pay for college.

A SIGNED copy of the student's and parent's, if dependent, 20___ Federal Income Tax Return, including all pages, schedules & W-2 forms, MUST be submitted with all requests.

Unemployment

- Copy of "Notice to Claimant of Benefit Determination" from unemployment office.
- Notice of termination from former employer with indication of last date of employment.
- Last pay stub(s) from former employer
- Verification of retirement or medical disability

Divorce or separation

- Divorce decree or legal separation document
- If legal papers are not available, submit verification of differing addresses. This may be driver's licenses, utility bills, signed lease, employer verification, car insurance bill, etc.

Death of parent or spouse

- Death certificate, obituary notice or bill from funeral home

Loss of Untaxed Income or Benefits

- Statement from agency which terminated benefits.

Unreimbursed Paid Medical Expenses

- Copy of Schedule A from 20___ Federal Income Tax Return
- If **no** Schedule A was filed, cancelled checks and/or receipts showing amount paid AND statements from insurance company indicating unreimbursed expenses.

Other

- Any relevant documentation to support the request.

Please note that the following conditions will NOT be considered:

- Parent and/or step-parent unwilling to provide information on a financial aid application and/or to assist in paying for college.
- Unusual expenses related to consumer debt, such as, credit card debt, car or insurance payments, mortgages, income or real estate taxes.
- Families with prior Special Conditions whom underestimated their income
- Reductions in pay due to voluntary overtime
- Bankruptcy proceedings

Return this request with documentation to: Enrollment Services Center

Phone #:201-761-6060
Fax #:201-761-6073

Saint Peter's College
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