

Student Name: _____ SMUMN ID: _____

Parent Name(s): _____

Parent Email Address: _____

Parent Daytime Phone Number: _____

STEP 1: DOCUMENTATION

Please submit the following documentation, regardless of your reason for filing this request. Failure to submit required documentation will delay processing. If you have already submitted these forms to our office, they do not have to be submitted again.

- 2015 signed **parent** Federal Tax Transcript or Federal Tax Return, including all pages, schedules, and W-2's.
- If applicable, 2015 signed **student** Federal Tax Transcript or Federal Tax Return, including all pages, schedules, and W-2's.
- Letter or email explaining the special circumstances.

STEP 2: REASON FOR FILING

Check the box for circumstance(s) that apply to you and submit the additional documentation as indicated for that circumstance. Be sure to review the second page.

 LOSS OF EMPLOYMENT/REDUCED WAGES

Parent wages in 2016 or 2017 are at least 10% less than in 2015 due to loss of job (after a minimum of 6 weeks), change in employment, or reduction in hours or pay.

- Most recent check stub(s) from previous/current employer for parent(s) listed on the FAFSA
- Parent(s) estimated 2016-2017 earnings (from FAFSA):
Parent 1: \$ _____
Parent 2: \$ _____
- Letter from previous employer stating last date of employment
- Severance information, if applicable
- Individuals with self-employment, or other non-W-2 income from the tax return, need to document their financial changes in the special circumstance letter

 MARITAL SEPARATION/DIVORCE

Parents must live in separate residences.

- Documentation of separation, divorce, or verification of separate residences
- Documentation of child support, family support, or maintenance support; include support that is received or anticipated

 WIDOWED PARENT

If a parent has passed since filing their 2015 taxes.

- Documentation of death
- Documentation of year-to-date earnings for deceased parent

HIGH MEDICAL/DENTAL EXPENSES

Eligible expenses are limited to medical and dental expenses not reimbursed through insurance or employer-sponsored plans (HRA, HAS, health care flexible spending accounts, etc.). As a general rule, **these expenses would need to exceed \$3,500 before they would have the potential to impact a financial aid award.**

- If medical expenses were incurred in 2015, submit a copy of Schedule A, along with pages 1 and 2 from 2015 Federal Tax Return.
- If medical expenses were incurred in 2016, submit a copy of Schedule A, along with pages 1 and 2 from 2016 Federal Tax Return.
- If expenses were not claimed on Schedule A, submit a listing of eligible expenses you paid out-of-pocket for in 2015 and/or 2016

ONE-TIME INCOME

- Provide documentation (if available), or an explanation and dollar amount, of any one-time income received and what was done with that income

PRIVATE ELEMENTARY/SECONDARY TUITION

- Submit tuition statement or letter from the school indicating tuition charges minus financial aid and/or discounts for child(ren) at that school

LOSS OF BUSINESS OR FARM DUE TO BANKRUPTCY OR FORECLOSURE

- Provide documentation detailing the date of loss, including business/farm assets

OTHER UNUSUAL EXPENSES

- Provide explanation and documentation of expense(s)

Examples of eligible expenses: Dependent care, elderly care, funeral expenses, legal expenses, etc. **Consumer debt is not eligible for consideration under special circumstances.**

LOSS OF SOCIAL SECURITY AND/OR CHILD SUPPORT RECEIVED

- Amount received in:
 - 2015 \$ _____
 - 2016 \$ _____
 - 2017 \$ _____ (estimated for year)

Note: All appeals for the 2017-2018 academic year must be submitted by March 15, 2018.

STEP 3: CERTIFICATION

By signing below, you certify that the information provided on this Saint Mary's University of Minnesota Special Financial Circumstances form is complete and accurate.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Return this completed form along with all necessary documentation to:

Saint Mary's University of Minnesota
Financial Aid Office
700 Terrace Heights #5
Winona, MN 55987

Fax: 507-457-6997
Email: financialaid@smumn.edu