

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.

- 2016 signed **parent** Federal Tax Transcript or Federal Tax Return, including all pages, schedules, and W-2's.
- If applicable, 2016 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 2017 or 2018 are at least 10% less than in 2016 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 2017-2018 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 2016 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 2016, submit a copy of Schedule A, along with pages 1 and 2 from 2016 Federal Tax Return.
- If medical expenses were incurred in 2017, submit a copy of Schedule A, along with pages 1 and 2 from 2017 Federal Tax Return.
- If expenses were not claimed on Schedule A, submit a listing of eligible expenses you paid out-of-pocket for in 2016 and/or 2017

**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:
  - 2016 \$ \_\_\_\_\_
  - 2017 \$ \_\_\_\_\_
  - 2018 \$ \_\_\_\_\_ (estimated for year)

**Note: All appeals for the 2018-2019 academic year must be submitted by March 15, 2019.**

**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