

**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

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