





**2009-2010 Special Circumstance Review**

Student's Name: _____ SLU Banner ID Number _____	
Last	First
<b>B</b> <input type="checkbox"/>	<div style="text-align: center;"><b>Death of Spouse or Parent</b></div> <div style="margin-top: 10px;"> <ul style="list-style-type: none"> <li>✓ Copy of death certificate</li> <li>✓ Are there survivor benefits (social security, life insurance, etc)?                             <ul style="list-style-type: none"> <li>○ Yes____ Provide documentation.</li> <li>○ No____ Provide separate letter indicating no benefits are to be received.</li> </ul> </li> <li>✓ <b>Complete Section B</b></li> </ul> </div>
<b>C</b> <input type="checkbox"/>	<div style="text-align: center;"><b>Divorce or Separation</b></div> <div style="margin-top: 10px;"> <ul style="list-style-type: none"> <li>✓ Copy of divorce decree or separation agreement. (If you do not have a separation agreement, attach a notarized statement indicating separation and effective dates.)</li> <li>✓ Income/Asset Settlements</li> <li>✓ List of current household members, relationship to student, and their age</li> <li>✓ <b>Complete Section B</b></li> </ul> </div>
<b>D</b> <input type="checkbox"/>	<div style="text-align: center;"><b>One-Time Income</b></div> <div style="margin-top: 5px;"><i>Reductions in overtime pay or one-time winnings are not considered.</i></div> <div style="margin-top: 10px;"> <ul style="list-style-type: none"> <li>✓ Give source and amount of income and include an explanation of why these funds are not available for educational purposes.</li> <li>✓ Attach a copy of your <b>signed 2007 (in addition to the 2008) Federal Tax Return.</b></li> </ul> </div>
<b>E</b> <input type="checkbox"/>	<div style="text-align: center;"><b>Loss of Benefits</b></div> <div style="text-align: center; margin-top: 5px;">(Child Support, Social Security, Unemployment)</div> <div style="margin-top: 10px;"> <p><b>Child Support:</b></p> <ul style="list-style-type: none"> <li>✓ Attach a copy of Court or Child Service Agency documents stating benefit ending date and monthly amount received.</li> </ul> <p><b>Social Security:</b></p> <ul style="list-style-type: none"> <li>✓ Attach a copy of notification of loss of social security income stating benefit ending date and monthly amount received.</li> </ul> <p><b>Unemployment Benefits:</b></p> <ul style="list-style-type: none"> <li>✓ Attach a copy of notification of loss of unemployment income stating benefit ending date and monthly amount received.</li> </ul> </div>
<b>F</b> <input type="checkbox"/>	<div style="text-align: center;"><b>Healthcare Expenses</b></div> <div style="margin-top: 5px;">The following condition is <b>only considered</b> if the <b>expense exceeds 15%</b> of the family's adjusted gross income.</div> <div style="margin-top: 5px;">Medical costs may be allowed if required treatment, rather than elective care and documented by a physician.</div> <div style="margin-top: 10px;"> <ul style="list-style-type: none"> <li>✓ Attach a copy of your and/or your parents' Schedule A of the 2008 Federal Income Tax Return or copies of PAID receipts or canceled checks incurred through 2008.</li> <li>✓ Attach a letter of explanation of healthcare expenses incurred.</li> </ul> </div>
<b>G</b> <input type="checkbox"/>	<div style="text-align: center;"><b>Tuition Expenses</b></div> <div style="margin-top: 5px;">The following condition is <b>only considered</b> if the <b>expense exceeds 10%</b> of the family's adjusted gross income.</div> <div style="margin-top: 5px;">Substantial elementary/secondary tuition expenses paid for dependents <b>other than</b> the SLU student.</div> <div style="margin-top: 10px;"> <ul style="list-style-type: none"> <li>✓ Submit <b>Tuition</b> Expense Form (attached-last page).</li> <li>✓ If parent is attending school, a statement from college of hours taken and degree status is requested. Parent must be attending half-time and be degree seeking.</li> </ul> </div>
<b>H</b> <input type="checkbox"/>	<div style="text-align: center;"><b>Other</b></div> <div style="margin-top: 5px;">Please specify and provide the appropriate documentation.</div>







SAINT LOUIS UNIVERSITY
OFFICE OF STUDENT FINANCIAL SERVICES

#2

2009-2010 Special Circumstance Review

5 of 8

Student's Name Last First SLU Banner ID Number

If you answered "No" to EVERY question on page 4, check DEPENDENT and complete section 2 and 4.
If you answered "Yes" to one or more items, see page 6 for Independent instructions.
\*Medical Students who provided parental data on the FAFSA, must complete the Dependent and Independent sections 2, 3 & 4 in order to be considered for institutional aid.

Section 2:

DEPENDENT:

Documentation Requested:

- Attach a signed copy of your and your parent(s) 2008 federal income tax return and all schedules. Include W-2 forms if applicable.
If you and/or your parents(s) did not file AND were not required to file a 2008 federal income tax return, please check the appropriate box. If you did not file but received a W-2(s), please provide a copy.

Student Non-Tax Filer Parent Non-Tax Filer

List the following (attach a separate page if necessary):

- Yourself and your parent (s) (including stepparent) even if you do not live with your parent(s).
Your parents' other children, even if they do not live with your parent(s) if:
a. Your parent(s) will provide more than half of their support from July 1, 2009 through June 30, 2010
b. OR the children would be required to provide parental information when applying for Federal Student Aid
Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

Table with 5 columns: Full name, Age, Relationship to you, Name and state of college if attending during 2009-2010, Enrolled half time or more in a degree program? (Yes / No)



SAINT LOUIS UNIVERSITY
OFFICE OF STUDENT FINANCIAL SERVICES

#2

2009-2010 Special Circumstance Review

6 of 8

Student's Name Last First SLU Banner ID Number

If you answered "Yes" to ANY question on the page 1, check INDEPENDENT and complete section 3 and 4.

\*Medical Students who provided parental data on the FAFSA, must complete the Dependent and Independent sections 2, 3 & 4 in order to be considered for institutional aid.

Section 3:

INDEPENDENT:

Documentation Requested:

- Attach a signed copy of your and your spouse's (if you are married) 2008 federal income tax return and all schedules. Include W-2 forms if applicable.
If you and/or your spouse did not file AND were not required to file a 2008 federal income tax return, please check the appropriate box. If you did not file but received a W-2(s), please provide a copy.
Student Non-Tax Filer Spouse Non-Tax Filer

List the following (attach a separate page if necessary):

- Yourself and your spouse (if you are married).
Your children, if you will provide more than half of their support from July 1, 2009 through June 30, 2010.
Other people if they now live with you and you provide and will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

Table with 5 columns: Full name, Age, Relationship to you, Name and state of college if attending during 2009-2010, Enrolled half time or more in a degree program. Includes a row for 'Self' at Saint Louis University, MO.



**For private school tuition expenses paid between**

**January 1-December 31, 2008,**

**please submit this form to the private elementary/secondary school.**

**This form must be printed on school letterhead.**

Saint Louis University Student Name:	
Saint Louis University Banner ID Number:	
Student attending private elementary/secondary school	
Relationship to SLU Student	
<b>The expenses for the above named student have been PAID between January 1 – December 31, 2008. <i>Please note: This is different than an academic year (ie. August 2008-May, 2009).</i></b>	
<b>Tuition:</b>	
<b>The expenses listed below ARE NOT considered to adjust SLU aid; however, they may be listed.</b>	
Fees:	
Books:	
Miscellaneous Expenses: Indicate expense	
Other:	

School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Official Name: \_\_\_\_\_

School Official Title: \_\_\_\_\_

School Official Telephone: \_\_\_\_\_

SLU Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO:**

**DUBOURG HALL ROOM 121, ONE GRAND BLVD. ST. LOUIS, MO 63103  
P. (314) 977-2350 F. (314) 977-3437 SFS@SLU.EDU FINAID.SLU.EDU**