

SAINT LOUIS UNIVERSITY™

STUDENT FINANCIAL SERVICES

One Grand Blvd.

DuBourg Hall, Room 121

Saint Louis, MO 63103

Phone: 314-977-2350

Fax: 314-977-3437

Email: SFS@SLU.edu

2017-2018 Dislocated Worker Verification

Student's Name _____ SLU Banner ID Number _____

The information requested on this form is needed to process your application for 2017-2018 financial aid.

On the 2017-2018 Free Application for Federal Student Aid (FAFSA), you indicated that you, your spouse, or parent is a dislocated worker. Information provided on this form as well as an additional supporting statement is needed to determine whether the dislocated worker status applies. **NOTE: If a person quits work, generally he/she is not considered a dislocated worker even if the person is receiving unemployment benefits.**

Please check the appropriate box for the person listed on the FAFSA as a dislocated worker.	
<input type="checkbox"/> You, the student	<input type="checkbox"/> Your Spouse
<input type="checkbox"/> Parent 1 (mother/father, stepmother/stepfather)	<input type="checkbox"/> Parent 2 (mother/father, stepmother/stepfather)
Review the following and indicate which best represents the status for the person indicated above.	
<i>In general, a person may be considered a dislocated worker if he or she:</i>	
<input type="checkbox"/>	Is receiving unemployment benefits due to being laid off or losing a job and is unlikely to return to a previous occupation; OR
<input type="checkbox"/>	Has been laid off or received a lay-off notice from a job; OR
<input type="checkbox"/>	Was self-employed but is now unemployed due to economic conditions or natural disaster; OR
<input type="checkbox"/>	Is the spouse of an active duty member of the Armed Forces and has experienced a loss of employment because of relocating due to permanent change in duty station or is the spouse of an active duty member of the Armed Forces and is a displaced homemaker (as described below); OR
<input type="checkbox"/>	Is a displaced homemaker who previously provided unpaid services to the family (e.g., a stay-at-home mom/dad), is no longer supported by the spouse, and is unemployed or underemployed and having trouble finding or upgrading employment.
STATEMENT OF DISLOCATED WORKER EXPLAINING CURRENT EMPLOYMENT STATUS (Include attachment if necessary):	
DISLOCATED WORKER STATUS DOES NOT APPLY	
<input type="checkbox"/>	Please indicate here if you or someone in your household is not considered a dislocated worker based on the definitions above and sign and submit this form to the financial aid office. A correction will be made to your FAFSA.

If your household income has been significantly impacted since 2015, you may be eligible for a special review to consider your current financial circumstances. For more information, please contact Student Financial Services at (314) 977-2350 or sfs@slu.edu

NOTE: If we have reason to believe that the information reported is inaccurate, we may require additional documentation.

STOP: Did you fully complete this form? We will return any incomplete / unsigned forms for correction.

By signing, I certify that all of the information reported and/or attached is complete and correct. **WARNING:** If you purposely provide misleading information or withhold information, you may be subject to penalty of law and/or institutional sanctions.

STUDENT'S SIGNATURE

DATE

PARENT/STEEPPARENT/SPOUSE SIGNATURE

DATE

NOTE: Signatures must be handwritten. Computer fonts not acceptable