

Student's Name \_\_\_\_\_  
Student ID # \_\_\_\_\_

# Saint Luke's College of Health Sciences

## 2011-2012 SPECIAL CONDITION APPLICATION

## Dependent

This form may be used for the 2011-2012 school year if the financial situation of your parents or stepparents whose income reported on the Free Application for Federal Student Aid (FAFSA) has recently changed because of: A. loss of job or benefit B. separation or divorce C. death D. medical reasons E. other

Please check the following circumstance(s) which best describes the change in your parents' financial situation.

**Please submit this form along with a letter explaining in detail your situation including any additional documentation.**

\_\_\_ A parent or stepparent who earned money in 2010, received unemployment compensation or untaxed income in 2010; but has lost his or her job for at least 10 weeks, has not been able to earn money due to an illness or injury, or has completely lost their income or benefit for at least 10 weeks in 2011. Write in the beginning date and the number of weeks in 2011 that your parent or stepparent has been unable to earn money or has not received their regular benefits. (Untaxed income and benefits include things such as social security benefits, welfare, court-ordered child support, etc.) This loss of income must be for at least 10 weeks. Provide a signed statement from parent's or stepparent's employer indicating the last date of employment or decrease in wages; or provide documentation of the applicable illness or loss of benefit as income.

Employment/Type of Benefit lost \_\_\_\_\_

*Attach final pay stub or court document.*

\_\_\_ You have already applied for Federal student assistance and, since that time, your parents or stepparents, whose income you reported on the FAFSA, have separated or divorced. Write in the date of your parents' or stepparents' separation or divorce. \_\_\_/\_\_\_/\_\_\_

*Provide documentation of legal separation or divorce.*

\_\_\_ You have already applied for Federal student assistance and, since that time, your parent or stepparent has died. Write in the date that your parent or stepparent died. \_\_\_/\_\_\_/\_\_\_

\_\_\_ You experienced unusual circumstances such as medical expenses not covered by insurance. Please explain and provide documentation such as insurance benefit statement or explanation of benefits form. If you are able to provide proof of no insurance, copies of medical bills are necessary.

\_\_\_ Any other extreme or special circumstance that your household has encountered. Please explain below.

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\*\*\*\*PLEASE COMPLETE REVERSE SIDE\*\*\*\*

Before an adjustment can be made to your status, you must provide complete information regarding your estimates of the change in financial situation for your parents or stepparents in 2011. Please provide the best possible estimates for the period January 1, 2011 to December 31, 2011. Additional documentation may be required.

**WHAT YOUR PARENTS EXPECT THEIR INCOME AND EXPENSES TO BE IN 2011**

Estimated 2011 taxable income (wages, interest income, etc.)  
\$ \_\_\_\_\_

In 2011 how much will your father earn from work?  
\$ \_\_\_\_\_

In 2011 how much will your mother earn from work?  
\$ \_\_\_\_\_

In 2011 how much will be received in unemployment benefits?  
\$ \_\_\_\_\_

Estimated 2011 untaxed income and benefits:

Worker's compensation \$ \_\_\_\_\_

Disability \$ \_\_\_\_\_

Other untaxed income and benefits \$ \_\_\_\_\_

Estimated 2011 medical/dental expenses not paid by insurance  
\$ \_\_\_\_\_

**CERTIFICATION:**

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S. income tax return. I also realize that if I do not give proof when asked, the student may not be processed for financial aid.

Signature

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student's Signature

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Father's Signature

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mother's Signature

Action Taken Date: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_