

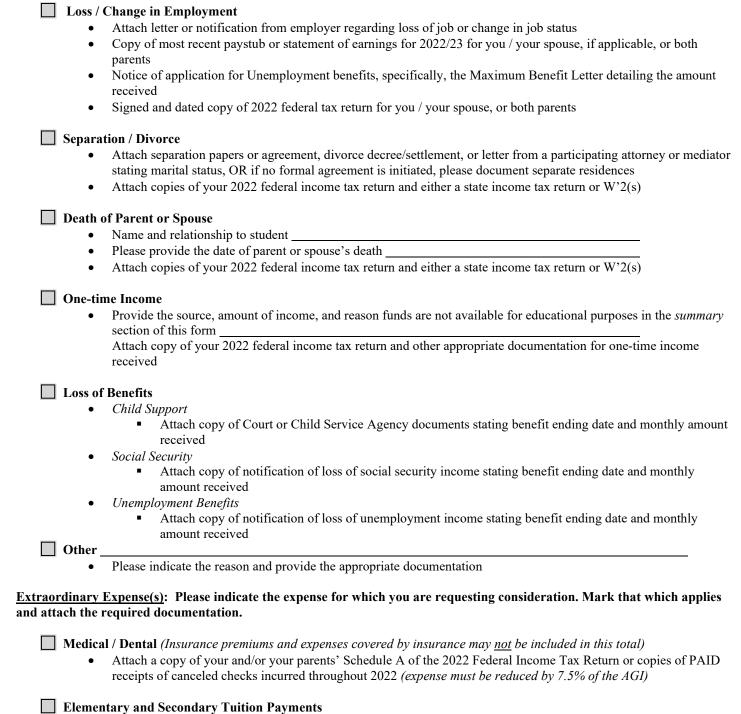
Please submit this worksheet, and all applicable documents to: GSON Financial Aid Office 4483 Duncan Ave St. Louis MO 63110 Fax: 314-362-2132

2023 – 2024 Special Circumstance Form

A family's 2021 total income is used in determining eligibility for student financial aid in the 2023-24 academic year on the FAFSA. However, there may be circumstances that drastically alter a family's financial picture and hinder a family's ability to assist in educational expenses. In such cases, the 2022 and/or 2023 income may be utilized to assess financial need. *Results from the 2023-24 Free Application for Federal Student Aid (FAFSA) must be on file with the Goldfarb School of Nursing/Barnes Jewish College Financial Aid Office before a Professional Judgment is considered.*

Student Information			
Name:	Student #	: A	
Address:	City	State	Zip Code
Phone #:		State	Zip Code
Parental Information (as indicated o			
Father/Stepfather Name:			
Mother/Stepmother Name:			
Parent's Address:		Phone	
City Instructions: 1) Please indicate the reason(s) for sections on page 3, and attach 2) Include your typed summary on not be accepted. 3) Student Financial Aid will finar requested documentation. Plear additional aid eligibility has be appealing.	the required documentation a of your circumstance as outlin alize your appeal upon receipt ase allow up to 3-4 weeks for	is indicated. and on page 2. Handwe t of the Special Circu processing and to lear rantee of new/additio	vritten summaries will umstance Form and the arn if any new or nal aid based on
Prior Year PJ:YesNo Not Eligible for PJ PJ Approved PJ Denied Student chose not to pursue	OFFICE USE ONLY Comments:		

Income Reduction Reason(s): Please indicate the reason for your change request. Mark all that apply and attach the required documentation



• Include a <u>signed</u> statement, payment summary, or billing detail from the elementary or secondary school stating tuition paid or to be paid for the 2023-24 academic year minus any waiver, discount, or financial aid.



- Include a signed statement, payment summary, or billing detail from childcare provider stating weekly childcare fee, amount subsidized by scholarship or State and/or Federal assistance programs, and the final weekly fee amount paid by the parent
- Indicate the first date your child was enrolled

Please provide	the following	household	information
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Name	Relationship to Student	Age	College/Elementary/Secondary School Attending
1.	1	0	
2.			
3.			
4.			
5.			
6.			
7.			

Household Information: (Please include the Student & ALL other household members)

SUMMARY

A typed summary must be included with the appeal. Please be specific regarding your situation as to what and when (specific dates) your special circumstance occurred. If information received is not specific enough, the Financial Aid office may request additional information which will delay the processing of the appeal.

I certify that the information provided in this appeal is true and complete to the best of my knowledge. If my situation changes, then I am responsible for notifying the Student Financial Aid Office of any estimate changes. I also agree to provide additional proof of the information given if requested by Student Financial Aid. I understand that if the information is incomplete or lacks the required documentation, no action will be taken. There is no guarantee that by submitting a Special Circumstance appeal additional aid will be received by the student. By signing this worksheet, I (we) certify that all of the information to qualify for federal financial aid is complete and correct. I understand that giving false or misleading information on this worksheet can result in a fine, jail sentence, or both.

Student Signature

Date

Parent or Spouse Signature

Date