

St. Louis College of Pharmacy, as allowed by law, considers life changes that occur after the completion of your Free Application of Federal Student Aid (FAFSA). Special circumstances are reviewed on a case-by-case basis, and the College is limited regarding the adjustments that can be made.

This form may be used to report significant changes that have occurred since 2017, the financial information used for filing the 2019 – 2020 FAFSA. The Financial Aid Office must have the results of a valid FAFSA prior to the review of any special circumstances. You must complete all questions on this form and provide all requested documentation. If requested documentation is not attached to this form or items are missing or left blank, this form will be returned to you unprocessed. If clarification of your situation is necessary, the office may request additional information or documentation beyond those requested on this form.

To ensure consideration of your special circumstance, St. Louis College of Pharmacy will complete a full verification of all data entered on your FAFSA. Please submit your parents' 2017 federal tax return transcript, your 2017 federal tax return transcript if you filed, and your spouse's 2017 federal tax return transcript if appropriate. These documents may be obtained from www.irs.gov and are required to be on file prior to the review of your request. Review of this information does not guarantee any change of financial aid awards. As such, please continue to make necessary financial arrangements (payment, securing student loans, etc.).

The Financial Aid Office will consider reductions in income or unusual circumstances that significantly and negatively affect your ability to contribute to the student's St. Louis College of Pharmacy cost of attendance. It is our policy not to consider a reduction in income for the following:

- Unusual expenses related to personal living (e.g., wedding expenses, credit card bills, home mortgage, school loan payments, car payments, legal expenses, voluntary loss/decrease in income, student or spouse quitting a job to attend school, or private elementary/secondary school tuition).
- Reductions in overtime pay or one-time winnings (this will be reflected on the following year's financial aid applications).

Please send your Professional Judgment Application and supporting documentation to:

St. Louis College of Pharmacy
Attn: Financial Aid
4588 Parkview Place
St. Louis, MO 63110-1088

If you have any questions, please contact the Financial Aid Office at 314-367-8700, extension 4001.

Please allow 2 – 4 weeks for review and notification.

<input type="checkbox"/>	<p style="text-align: center;">Divorce or Separation</p>	<ul style="list-style-type: none"> ✓ Copy of divorce decree or separation agreement. (If you do not have a separation agreement, attach a notarized statement indicating separation and effective dates). ✓ Income/Asset Settlements ✓ List of current household members, relationship to student, and their age
<input type="checkbox"/>	<p style="text-align: center;">One-Time Income <i>Reductions in overtime pay or one-time winnings are not considered</i></p>	<ul style="list-style-type: none"> ✓ Give source and amount of income and include an explanation of why these funds are not available for educational purposes
<input type="checkbox"/>	<p style="text-align: center;">Loss of Benefits <i>(Child support, social security, unemployment)</i></p>	<p>Child Support:</p> <ul style="list-style-type: none"> ✓ Attach a copy of Court or Child Service Agency documents stating benefit ending date and monthly amount received <p>Social Security:</p> <ul style="list-style-type: none"> ✓ Attach a copy of notification of loss of social security income stating benefit ending date and monthly amount received <p>Unemployment Benefits:</p> <ul style="list-style-type: none"> ✓ Attach a copy of notification of loss of unemployment income stating benefit ending date and monthly amount received
<input type="checkbox"/>	<p style="text-align: center;">Healthcare Expenses</p> <p><i>The following condition is only considered if the expense exceeds 15% of the family's adjusted gross income.</i></p> <p><i>Medical costs may be allowed if required treatment, rather than elective care and documented by a physician</i></p>	<ul style="list-style-type: none"> ✓ Attach a copy of your and/or your parents' Schedule A of the 2017 Federal Income Tax Return or copies of PAID receipts or canceled checks incurred through 2017 ✓ Attach a letter of explanation of healthcare expenses incurred
<input type="checkbox"/>	<p style="text-align: center;">Other</p>	<p style="text-align: center;">See the Financial Aid Office to discuss necessary documentation for your special circumstance</p>

SECTION C: Sign This Worksheet

I certify the information provided on this form and all supporting documents to be true and complete to the best of my knowledge. If my circumstances change in 2019, I understand I am obligated to provide the Financial Aid Office with additional information which may alter the original decision.

WARNING: If you purposely give false or misleading information in an attempt to secure Federal Title IV funding, you may be fined, sentenced to jail, or both.

Signature of Student

Date

Signature of Parent (Dependent Students Only)

Date

SECTION D: To be Completed by Financial Aid Office

PARENTS

	Original	Adjusted
Adjusted Gross Income		
Income Tax Paid		
Education Credits		
IRA Deductions and Payments		
Tax Exempt Interest Income		
Untaxed Portions of IRA Distributions		
Untaxed Portions of Pensions		
Income from Work		

STUDENT

	Original	Adjusted
Adjusted Gross Income		
Income Tax Paid		
Education Credits		
IRA Deductions and Payments		
Tax Exempt Interest Income		
Untaxed Portions of IRA Distributions		
Untaxed Portions of Pensions		
Income from Work		

FINANCIAL AID

	Original	Adjusted
EFC		
Pell		
Dependency Status		
Perkins		
HPSL		
Direct Loan, Subsidized		
Direct Loan, Unsubsidized		

Processed by:

Date: