

REQUEST FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES
ELEMENTARY AND SECONDARY SCHOOL COSTS
AND/OR
CHILD CARE AND DEPENDENT CARE COSTS

Student: _____ SJC ID/SSN: _____

Recommended Documentation:

- 2015 Federal income tax returns
Including Schedule A Itemized Deductions

AND

- 2015/16 receipts for tuition payments and/or child care—dependent care payments

I (we) request consideration of special circumstance in determining my (our) family contribution as calculated by the federal financial aid methodology. I (we) certify that the information provided is true and complete to the best of my (our) knowledge.

Parent 1

Parent 2

Student

Spouse

Return the completed worksheet to the campus you attend:
St. Joseph's College Attn: Office of Financial Aid

Long Island Campus
155 West Roe Boulevard
Patchogue, NY 11772
FAX: 631-650-2525
PHONE: 631-687-2600

Brooklyn Campus
245 Clinton Avenue
Brooklyn, NY 11205
FAX: 718-636-6827
PHONE: 718-940-5700