St. Olaf College Financial Aid Office Tomson Hall 120 1520 St. Olaf Avenue Northfield, MN 55057

Student Name



Phone: (877) 235-8386 Fax: (507)786-6688 Email: finaid@stolaf.edu

Student's ID # (if known)

St. Olaf College Special Circumstance Request

Special circumstances are situations beyond a student's or family's control that impacts the information reported on the FAFSA. Listed below are

appropriate examples for which your financial aid may be a received by the Financial Aid Office.	adjusted. Please allow two weeks	for evaluation once all docum	nentation has been	
Financial Summary Table	ON	ONLY COMPLETE RELEVANT YEARS		
Income Sources	Actual 2022 1/1/22 – 12/31/22	Actual 2023 1/1/23 – 12/31/23	Estimated 2024 1/1/24 - 12/31/24	
Parent 1 earnings from work (wages, salary, tips etc.)				
Parent 2 earnings from work (wages, salary, tips etc.)				
Unemployment Compensation/ Severance Pay				
Child Support				
Social Security Benefits (including SSI)				
Worker's Compensation Short-term or long-term Disability Benefits				
Withdrawal from retirement account				
Other Income (pension, annuity, rental income, housing allowance, bonuses, etc.)				
Extenuating Expenses	2022 Expenses	2023 Expenses	2024 Estimated Expenses	
Out of pocket medical expenses				
Education expenses (private school tuition K-12, graduate school tuition for other children, parental loans)				
Elder care expense or care of other family members				
☐ Change in household income (co	on such as: nployer indicating a change in em	ployment status, a copy of une	employment benefits,	
☐ Exceptional medical expenses (☐ Attach copies of any medical expenses/bills ☐ Copy of relevant tax year return (including a	paid out of pocket (do not include			
 List graduate student and sc Parent's educational loans 		or 2023		
☐ Other circumstances (complete all o	of the following)			
Complete the Financial Summary TableAttach a short letter of explanation, along w	ith any appropriate documentatio	on		
Signature_		Date		