

**Submit Securely Online:**  
RavenZone - Financial Aid

**Mail Documents :**  
1020 N 2nd St  
C/O Financial Aid  
Atchison, KS 66002

Student's Name (Last, First, MI)

Student ID Number

Student's Email Address

Student's Phone Number

**IMPORTANT (Please Read):**

If you successfully linked your **2026-2027 FAFSA** to the IRS, you do NOT need to submit 2024 taxes with this form. If you did not link your FAFSA to the IRS, you will need to submit a copy of your 2024 tax return as well as Schedules 1-3 (if present). You can order a tax return transcript to download online at [www.irs.gov](http://www.irs.gov). You may also submit a copy of the tax return you have on file – please make sure you sign it.

**Family Information**

In the table, list anyone who was a member of your household from **July 1, 2025**, through **June 30, 2026**, including:

- 1) Yourself
- 2) Your parent(s) or spouse
- 3) Siblings/Children (If they live with you and/or receive 50% or more of their financial support from you or your parents. Remember to include siblings/children attending college who are less than 24 years of age.)
- 4) Others (If they live with you and/or receive 50% or more of their financial support from you or your parents.)

| Full Name | Age | Relationship | College*            |
|-----------|-----|--------------|---------------------|
|           |     | Yourself     | Benedictine College |
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By signing this verification statement, we certify that all the information reported in support of the students' application for financial aid is complete and accurate. *All signatures must be written signatures. Typed signatures will not be accepted.*

Student Signature

Parent/Spouse Signature

\*College: If a person listed will be enrolled in a college at least half-time (6 credit hours) from **July 1, 2025**, to **June 30, 2026**, include the name of the college where they attend.

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1. If your contributors are currently making payments for Parent PLUS loans, please provide payment information indicating the monthly payments made during the 2024 calendar year. **Include copy of payment stubs or lender account activity.**

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2. If you or your parent(s) paid tuition expenses at a private elementary, secondary, or home school in 2025, please list the student(s), school(s), and the amount paid for each child. **Include an itemized statement from the school, parish or for the home school expenses.**

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3. If your family household has more than one student enrolled in college (Dependent Status) for the 2026-2027 academic year, please list each additional student (**NOT INCLUDING THIS STUDENT**) and the institution they are/will be attending. **Include an itemized copy of each student's financial aid offer letter from that institution, as well as an itemized listing of costs billed by the college for tuition.** The net difference between the tuition costs and gift aid (scholarships/grants) on the financial aid offer letter will be taken into consideration (**Fees/Housing/Food costs will not be considered**).

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4. If you or your contributors paid medical or dental expenses "out of pocket" in 2024 **not** covered by insurance or reimbursement, list amount from Schedule A-Itemized Deductions, Line 1. Include a copy of Schedule A or an itemized statement from your health care provider. **Insurance premiums & Cafeteria 125 plans or prepaid medical accounts do NOT qualify.**

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5. If you or your contributors have recently become unemployed, or there has been a change in income, provide a brief description of the situation. Submit a copy of (1) the separation agreement, (2) contributor(s) or student's most recent paystub(s) showing year-to-date earnings, and (3) current paystub from new job.

Anticipated 2026 Annual Earnings

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6. If your family is maintaining two households due to employment relocation or family care obligations, provide a brief explanation of the situation and provide annual costs associated with the situation and **documentation of such expenses for 2025**

Annual Cost

7. Does your family contribute essential financial support to persons ***unable to be self-sufficient***? This support may be directed to parents in extended care homes or to unemployed/underemployed adult children. Write a brief explanation of the situation and provide annual costs associated with the situation and documentation of such expenses for 2026.

Annual Cost

8. Did your family experience a one-time bump or temporary increase in yearly income (capital gains, bonus, gaming winnings, stock options, IRA withdrawal, etc.) that will not be considered renewable? Write a brief explanation and provide annual income associated with the circumstance. **Submit a copy of the documentation (e.g., paystub) showing the amount of such a gain.**

Amount of Increase

9.  If your family paid ***funeral expenses*** in 2024 or 2025 not covered by insurance or reimbursed. **(Document)**

10.  If your family paid non-tax deductible ***personal legal fees*** in 2024 or 2025 (divorce, death, etc.). **(Document)**

**Failure to provide requested documentation will result in delays in the review process. Submissions with all needed documentation will be processed within 60 days of receipt by the Benedictine College Financial Aid Office.**

**This information will be used, in combination with your 2026-27 FAFSA, to determine student's eligibility for Federal Financial Aid and attempt to reflect student's true ability to contribute toward their college education. Before this Special Circumstances Worksheet can be used to evaluate your unique situation, student must have their 2026-27 FAFSA on file with Benedictine College (School Code 010256). FAFSA is available online at [www.studentaid.gov](http://www.studentaid.gov).**

**Sign below to certify that the amounts used on this form are correct. You may be requested to provide proof (receipts, cancelled checks, affidavits, etc.) of this statement's information.**

\_\_\_\_\_  
Students's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date