

## Benedictine University Displaced Earner Program

Student: _____	Current Program:	Have you completed a FAFSA?
Student IDNum: _____	<input type="checkbox"/> Traditional Undergraduate	<input type="checkbox"/> Yes
Phone Number: _____	<input type="checkbox"/> Adult Undergraduate	<input type="checkbox"/> No
E-Mail: _____	<input type="checkbox"/> Graduate	
Parent: _____	Grade level/year in program: _____	Students Housing arrangements
Phone Number: _____	Credit Hours Completed: _____	<input type="checkbox"/> living with parents
E-Mail: _____		<input type="checkbox"/> living on campus
		<input type="checkbox"/> living off campus

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Section I: Special Circumstances & Required Information

We will review your need for financial assistance based on the information you report. Respond to the instructions for the circumstances that apply to your situation. Indicate all circumstances that apply. Please complete this form in full to help us better understand your current situation.

1.  You / your spouse / your parent has lost his / her job. Write the number of weeks that you / your parent worked full-time, number of hours per week in the last year and the last date of employment.
  - Number of weeks: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Date last worked: \_\_\_\_\_
  - Submit copies of most recent or final pay stubs or letter from employer or previous employer verifying total wages earned in the last year.
  - Provide a written statement explaining this change in income. Attach an additional sheet if necessary:

---

---

---

---

2.  You / your spouse / your parent received unemployment compensation or some type of untaxed income benefit, but have completely lost that income or benefit.
  - Submit documentation from agency or employer verifying loss of benefits.
  - Provide a written statement explaining this loss in income. Attach an additional sheet if necessary:

---

---

---

---

3.  You / Your spouse / your parent(s) paid unusually high medical expenses.
  - Provide a written statement explaining the medical expenses. Attach an additional sheet if necessary:

---

---

---

---

## Section II: Expected Income and Benefits

Please list all employers' names for the last year:

Student \_\_\_\_\_  
 Spouse \_\_\_\_\_  
 Father \_\_\_\_\_  
 Mother \_\_\_\_\_

Please list all expected income and benefits to be received for the next 12 months. If a type of assistance does not apply to you, put \$0 on the line. *Do not leave blanks.* Calculate total amounts of all assistance you will receive. Do not report monthly amounts.

Expected income for 12 month period beginning: Month: \_\_\_\_\_ /Year: \_\_\_\_\_

	Student / Spouse	Parents
1. Expected earnings	\$ _____	Father \$ _____
Expected earnings of Spouse	\$ _____	Mother \$ _____
2. Pensions/Annuities	\$ _____	\$ _____
3. Unemployment Compensation Benefits	\$ _____	\$ _____
4. Social Security Benefits	\$ _____	\$ _____
5. Child Support/Alimony	\$ _____	\$ _____
6. Retirement or Disability Benefits	\$ _____	\$ _____
7. Workers' Compensation	\$ _____	\$ _____
8. Others: List _____	\$ _____	\$ _____
<b>Total Anticipated Income and Benefits</b>	<b>\$ _____</b>	<b>\$ _____</b>

---



---

All of the information on this form is true and complete to the best of my knowledge. I agree to provide verification of the information I have given on this form.

\_\_\_\_\_  
 Father's Signature (dependant students only)                      Date

\_\_\_\_\_  
 Student's Signature    Date

\_\_\_\_\_  
 Mother's Signature (dependant students only)                      Date

**Benedictine University Displaced Earner Program  
Confidential Release Authorization**

I, (please print name) \_\_\_\_\_, do hereby authorize the release of personal identifiable academic and financial information for the purpose of my application to the Benedictine Displaced Earner Program.

I authorize the release of this confidential information for the application to the Benedictine University Displaced Earner Program to:

- Staff members of Benedictine University
- My parent(s):

\_\_\_\_\_  
(Fathers Name)

\_\_\_\_\_  
(Mothers Name)

**I DO FURTHER ACKNOWLEDGE THAT I AM EXECUTING THIS  
RELEASE AS MY FREE AND VOLUNTARY ACT.**

\_\_\_\_\_  
(Students Signature)

\_\_\_\_\_  
(Benedictine ID)

\_\_\_\_\_  
(Date)