Reconsideration for Additional Financial Aid – Mission Fund Application

Mission Fund will assist students who are on their way toward earning a degree but encounter a hardship during their time at Benedictine University. A family emergency or unexpected expense can derail a student and limit their educational opportunity. The Mission Fund is in place to provide a safety net for students and ensure that they can continue with their education.

Students who have exhausted all financial aid options and have extenuating circumstances can submit a reconsideration appeal to the Office of Financial Aid.

The student must state in writing their extenuating situation in order to be considered for additional aid via the Mission Fund. Applications received without the appropriate information are considered incomplete and will not be reviewed.

A completed and submitted application is not a guarantee you will receive additional aid and it is dependent upon the availability of funding.

<table>
<thead>
<tr>
<th>Student's Last Name</th>
<th>First Name</th>
<th>BU ID number</th>
<th>Today’s date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

State your grade level:
- Freshman
- Sophomore
- Junior
- Senior
- Master
- Doctoral

Expected Graduation Date and cumulative grade point average?
Month: ___________ Year: ___________ CGPA: ___________

How many hours are you currently enrolled for this term?
Current Term: Term Name ___________ Hours Registered __
Next Term: Term Name ___________ Hours Registered __

Currently, how much do you owe the University?

Did you accept your federal subsidized or unsubsidized loans?
- Yes; how much did you borrow? $ ___________
- No

Did your parent apply for the Federal Parent PLUS loan? (If you are a dependent student)
- Yes; how much did your parent(s) borrow? $ ___________
- No

What can you afford to pay per term? $ ___________

If necessary, a financial aid counselor may need to reach out to discuss your appeal. Please list your availability and best contact phone number to reach you at.
Best day to reach me: ___________
Best time of the day to reach me: ___________
Primary contact number: ___________

Explain your extenuating circumstances in the space below.

____________________________________________________________________________
____________________________________________________________________________
**For Office Use Only:**

<table>
<thead>
<tr>
<th>Data submitted confirmed?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Aid year EFC:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approved; award entered on PS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denied: letter mailed on (date)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous balance paid?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Staff reviewer:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Date application doc track in: Yes  No
- Entered on Excel Report? Yes  No
- What expense is causing the balance?
- Aid Awarded: Mission Fund: $ 
  Endowed Aid: $ 
  CARES Grant: $ 
- Previous balance paid? Yes  No