



**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.

Student's Last Name	First Name	BU ID number	Today's date

State your grade level:	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Master <input type="checkbox"/> 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?	<input type="checkbox"/> Yes; how much did you borrow? \$ _____ <input type="checkbox"/> No
Did your parent apply for the Federal Parent PLUS loan? (If you are a dependent student)	<input type="checkbox"/> Yes; how much did your parent(s) borrow? \$ _____ <input type="checkbox"/> No
What can you afford to pay per term?	\$ _____ 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.

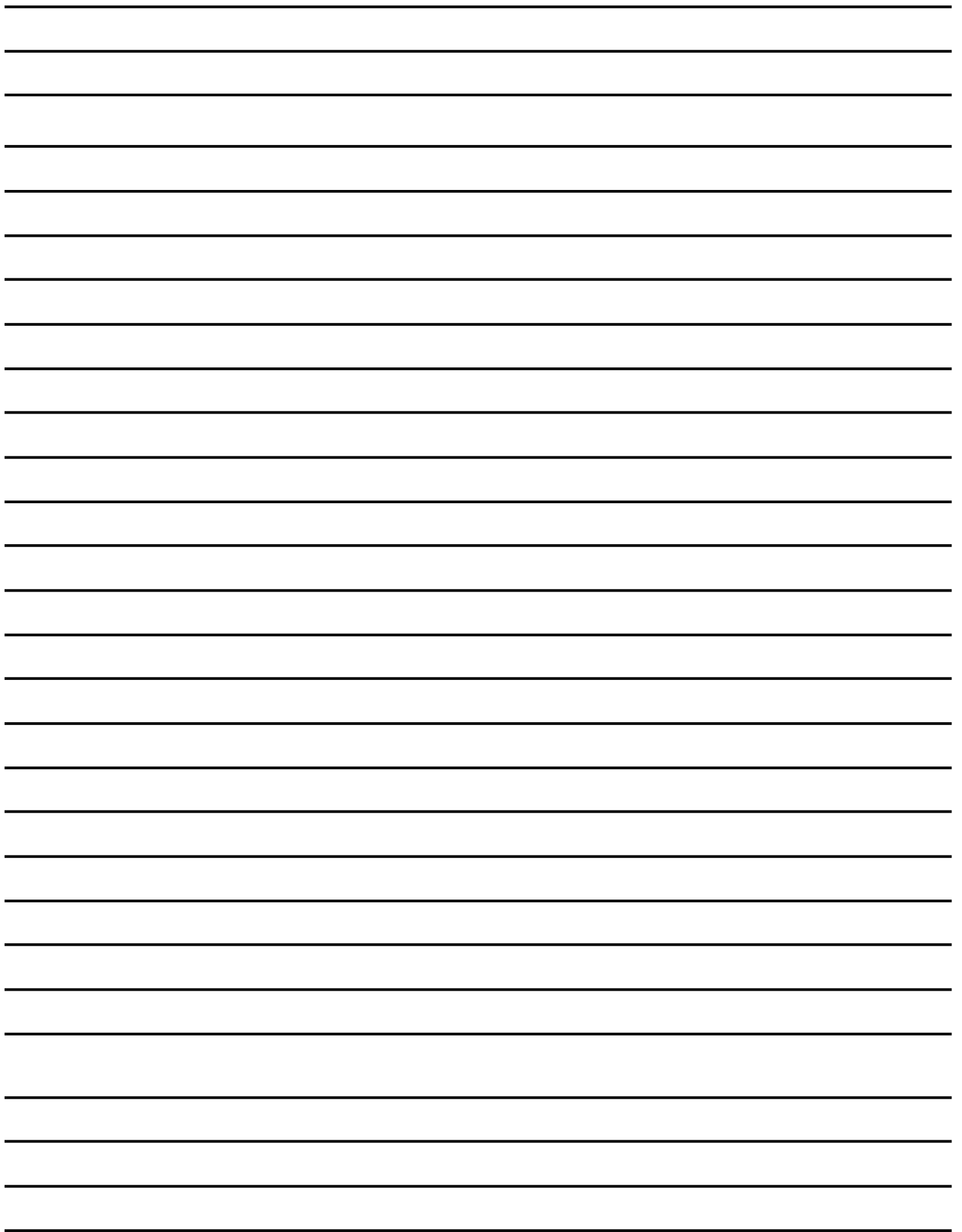
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<i>For Office Use Only:</i>	Date application doc track in: <input type="checkbox"/> Yes <input type="checkbox"/> No
Data submitted confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Entered on Excel Report? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Aid year EFC: _____	What expense is causing the balance?
Approved; award entered on PS.	Aid Awarded: Mission Fund: \$ _____ Endowed Aid: \$ _____ CARES Grant: \$ _____
Denied: letter mailed on _____ (date)	
Previous balance paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff reviewer:	