

Southern Arkansas University – Tech Special Circumstances Review Form

1. Section One – Student Data				
Name:		SSN:		
Address:				
City:		State	Zip:	
Phone:	Email:			

On the Free Application for Federal Student Aid (FAFSA), students are instructed to notify the Office of Financial Assistance if you or your family has unusual circumstances not reported on the FAFSA. Please complete this form indicating your circumstances and submit it to the Office of Financial Aid with the required documentation

Please note:

You must have filed your Free Application for Federal Student Aid (FAFSA) and have received your Student Aid Report (SAR) prior to submitting this form. We will not review special circumstances before you have completed the application process

II. Section Two – Ineligible Circumstances:

Section One Student Date

The Office of Financial Aid at SAU-Tech will not consider or make adjustments for any of the following:

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 Parents will not help pay for college 	 Car payments or car insurance 				
Consumer debt (credit cards).	 Mortgages and rent. 				
Medical Insurance premiums	Reduction in overtime pay				
 Home equity, IRA, 403B, and 401K 	One year bonus incomes (such as				
loans	lottery winnings or gambling winnings)				
Tuition paid for private elementary or secondary tuition.					
Discharge from employment for misconduct					
Chapter 7 Bankruptcy or reductions in income from bankruptcy proceedings					
Unusual expenses related to personal living (such as wedding expenses, school loan					
payments, and legal expenses)					
If the reason for your request is listed above, do not complete this form. A reduction in					

If the reason for your request is listed above, do not complete this form. A reduction in resources for any of the above circumstances does not qualify for corrections.

III. Section Three – Potentially Eligible Circumstances (check all that apply and attach documentation): **Divorce/ Separation/ Death of Spouse or Parent** Attach a letter of explanation, including the following: Date and proof of divorce or death of spouse or parent if it occurred after filing the **FAFSA** • List current household members, relationship, and age • Monthly child support you will receive during the current year • List current year business value and/or farm value and/or investment value • List current year business debt and/or farm debt and/or investment debt Three notarized letters from non-family members stating situation and dates of separation **Change In Household Size Due To Pregnancy:** ☐ Attach a letter from your Obstetrician indicating date and proof of pregnancy **Change In Household Income:** ☐ Attach the required signed documentation: A copy of your tax returns and/or your parents tax returns (if you have not already done so) A copy of current pay stub(s) and/or last pay stub(s) from any job you and/or your parents received for the current year • A statement from previous employer(s) regarding last day of employment, benefits paid to employee (i.e. severance, vacation, sick leave), and benefit amounts. Notice from the Department of Workforce Services stating eligibility for unemployment compensation • If you or your parent(s) did not and will not receive unemployment check here A statement explaining the change in circumstances and the income you expect to receive, or have applied for, in the current year. IV. Section Four – Review of Student Budget A budget for school and personal expenses has been established by the Office of Financial Aid. We may be able to increase your budget based on the following reasons: **□** Computer Expense: Attach a receipt showing the date purchased and amount purchased **☐** Unusual Medical Expenses: Attach the following: • Photocopies of your 1040 Tax Schedule A for excessive medical expenses These expenses can be for medical expenses due to an illness of a family member, but must appear on the Schedule A form If taxes have not been filed yet, attach proof of bills paid not covered by insurance

CERTIFICATION STATEMENT

I certify that the information I submit for review is true and correct to the best of my knowledge and belief. I have read each section and have provided the required documentation. I understand that falsifying information could result in reduced eligibility, repayment of aid, or both.

Student Signature:	Date	:
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