

Baptist Health College Little Rock
2025-2026 Special Circumstances Request Form
(Filing this form does not guarantee your appeal will be approved.)

Name _____ SSN/Student ID #: _____

The Financial Aid Office has the authority to make professional allowances for students who have unusual and special circumstances that could affect their ability to pay for their education. If you feel you meet any of these categories or have other unusual conditions, please complete the following and **attach all supporting documentation.** **INCOMPLETE REQUESTS WILL NOT BE PROCESSED.**

Section I: Circumstances Given Consideration (Please check the circumstance that most closely fits your situation.)

_____ *CHANGE IN JOB STATUS* (Dislocated Worker, Loss of Job)

Documentation required:

- ☐ Copy of last pay stub(s) from employer(s) of wages earned in 2024
- ☐ Copy of letter of termination
- ☐ Copy of letter describing unemployment benefits
- ☐ Documentation of severance pay

_____ *LOSS OF BENEFITS* (Child Support, Alimony, Social Security, and Disability)

Documentation required:

- ☐ Signed statements documenting termination of benefits from the appropriate organization or department

_____ *MEDICAL/DENTAL EXPENSES not covered* by insurance

Documentation required:

- ☐ Receipts of all medical and dental payments that you have made beyond what your insurance has paid. (You must provide proof that you've paid these bills through personal check stubs or bank statements.)

_____ *SEPARATION/DIVORCE OR DEATH OF A FAMILY MEMBER* (**after** original FAFSA was filed)

Documentation required:

- ☐ Separation statement or divorce papers, death certificate or notice
- ☐ Individual tax returns or W-2's

_____ *ONE-TIME INCOME* (i.e. moving expense allowance, back year Social Security payments, or lump sum retirement or IRA distribution)

Documentation required:

- ☐ You must attach a separate sheet that identifies source of income and how funds were spent or invested.

_____ *OTHER* (circumstances not listed on this form)

You must provide documentation to support your special circumstance.

Section II: Documents Required for ALL Students Applying for Special Circumstances

1. A personal statement explaining the circumstances on which your appeal is based.
2. Complete the Verification documents requested by the Financial Aid Office.
3. Provide documentation of current monthly income (most recent pay stub, unemployment, SS, etc.)

Section III: Review Procedures

1. All submitted documentation will be reviewed by the Financial Aid Administrator.
 2. An official notification of the Administrator's decision will be sent to the student along with an explanation of any further action necessary to complete his/her application for aid.
 3. If the student has filed a FAFSA for the year under review, the Financial Aid Administrator will make any necessary corrections to the FAFSA.
 4. If the student has not yet filed a FAFSA for the year under review, instructions explaining how to apply will be sent to the student.
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Section IV: Income for 2024

Please provide **annual** income for the period ranging from Jan. 1 to Dec. 31, 2024. Dependent students should give parent and student information. Independent students should give student (and spouse) information.

	STUDENT	PARENT OR SPOUSE		STUDENT	PARENT OR SPOUSE
Annual Income From:					
WORK	\$ _____	\$ _____	SSI	\$ _____	\$ _____
AFDC	\$ _____	\$ _____	CHILD SUPPORT	\$ _____	\$ _____
UNEMPLOYMENT	\$ _____	\$ _____	VA BENEFITS	\$ _____	\$ _____
OTHER	\$ _____	\$ _____	HOUSING/FOOD	\$ _____	\$ _____
		Total Estimated Income for 2024	\$ _____		\$ _____

I certify that the information listed on the form and all supporting documents concerning my request for this request is correct and complete.

_____ Student's Signature	_____ Date	_____ Spouse's Signature	_____ Date
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_____ Father's Signature	_____ Date	_____ Mother's Signature	_____ Date
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