

FINANCIAL AID OFFICE

2500 S. Main, Hope, AR 71802 | (870) 722-8264 | Fax: (870) 722-8145 | www.uaht.edu

2024-2025 Special Circumstances

Student Name:			UAHT Student ID:		
students who have s any of these categor	pecial circumst ies, please com	cances that could affect	sional judgment allowances of their ability to pay for their their ability to pay for their track all supporting docume (1870) 722-8145).	r education. If	you feel you meet
 Income Redu Medical/Der receipts of a Separation/papers, deat Student mandocumentat 	uction (loss of a ntal Expenses I Il medical and o Divorce or Dea th certificate or rital status cha ion for student	Not Covered by Insura dental payments not count of the framily Member. notice. nge after FAFSA filed. and spouse for 2024/	mentation Required of changence. Documentation Require covered by insurance. Documentation Required: Socumentation Required: Note that the control of the c	ed: Schedule of Separation star	of a tax return or tement or divorce
		tance is and the reaso ages from one year to t	n(s) why you are requesting the next.	special consid	eration. Please
* Please provide an i	ncome estimat	te for the period Janua	nry 1, 2024, to December 31,	2024.	
Work Wages AFDC Veteran Benefits Unemployment	Student \$ \$ \$	Spouse/Parent(s)	Social Security Child Support Received Housing/Food Allowance Other Untaxed Income	Student \$\$ \$\$ \$\$	Spouse/Parent(s) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ }
Student Signature: _			Date	::	