

Student Name:

FINANCIAL AID OFFICE

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

UAHT Student ID:

2022-2023 Special Circumstances

to students who hav any of these categor	e special circur ies, please com	nstances that could aff	sional judgment allowances t fect their ability to pay for th tach all supporting documer 870) 722-8145).	eir education	. If you feel you mee
 Medical/De receipts of a Separation/papers, deat Student main documentat 	ntal Expenses of the medical and	Not Covered by Insural dental payments not conth of Family Members notice. In notice. Inge after FAFSA filed. In and spouse for 2020/2	Documentation Required: S	ed: Schedule of Separation states	of a tax return or atement or divorce
· ·	•	tance is and the reasor	n(s) why you are requesting sine next.	special consid	eration. Please
* Please provide an i	income estimat	te for the period Janua	ry 1, 2021 to December 31, 2	2021.	
·	Student	Spouse/Parent(s)		Student	Spouse/Parent(s)
Work Wages	\$	\$	Social Security	\$	\$
AFDC		\$	Child Support Received	\$	
Veteran Benefits	\$	\$	Housing/Food Allowance	\$	\$
Unemployment	\$	\$	Other Untaxed Income	\$	\$
		ESTIMATED TOTAL	INCOME FOR 2021	\$	\$
Student Signature: _			Date	:	