SPECIAL CIRCUMSTANCES

FINANCIAL AID OFFICE

1537 University blvd.
Morrilton, AR 72110

(501) 977-2055
financialaid@uaccm.edu

www.uaccm.edu

Name: _____ **Student ID No.:** _____
(Last Name) (First Name)

The Financial Aid Office has the authority to make professional judgment allowances to federal aid eligibility regarding students who have special circumstances that could affect their ability to pay for their education. If you feel you meet any of these categories, please complete the following, attach all supporting documentation, and return to the UACCM Financial Aid Office by mail or fax.

1. **Income Reduction (loss of Job or Benefits).** Documentation Required of changes from 2026-2027 FAFSA.
2. **Medical/Dental Expenses Not Covered by Insurance.** Documentation Required: Schedule of a tax return or receipts of all medical and dental payments not covered by insurance.
3. **Separation/Divorce or Death of Family Member.** Documentation Required: Separation statement or divorce papers, death certificate or notice.
4. **Student marital status change after FAFSA filed.** Documentation Required: Marriage license. Income documentation for student and spouse for 2026/2026.
5. **Other:** (Private HS school tuition charges, cost-of-living adjustments if reside out of the US, elder care expenses, etc.)

Briefly explain what your circumstance is and the reason(s) why you are requesting special consideration. Please provide details on any income changes from one year to the next.

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Please provide an income estimate for the period January 1, 2026, to December 31, 2026.

	Student	Spouse/Parent(s)
Work Wages	$	$
AFDC	$	$
Veteran Benefits	$	$
Unemployment	$	$

	Student	Spouse/Parent(s)
Social Security	$	$
Child Support Received	$	$
Housing/Food Allowance	$	$
Other Untaxed Income	$	$

Estimated Total Income for 2026: $** _____ **$ _____
(Student) (Spouse/Parent)

Signature: _____ **Date:** _____
(Student)