OUACHITA BAPTIST UNIVERSITY
FINANCIAL AID OFFICE
REQUEST FOR REVIEW OF SPECIAL CIRCUMSTANCES
2008-2009

Name:_____SocialSecurity#_____
Last **First** **M.I.**

The Office of Student Financial Aid has the authority to make professional judgment allowances to **federal aid eligibility** in regard to 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 Office of Student Financial Aid, OBU Box 3774, Arkadelphia, AR 71998-0001.

1. **Income Reduction** (loss of Job or Benefits). *Documentation Required:* Last pay stub(s) from employer(s) of wages earned.
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.

* Briefly explain what your circumstance is and the reason(s) why you are requesting special consideration.

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* Please provide an income estimate for the period January 1, 2008 to December 31, 2008.

	Student	Spouse/Parent(s)		Student	Spouse/Patent(s)
Work Wages	$_____	$_____	Social Security	$_____	$_____
AFDC	$_____	$_____	Child Support Received	$_____	$
Veteran Benefits	$_____	$_____	Housing/Food Allowance	$_____	$
Unemployment	$_____	$_____	Other Untaxed Income	$_____	$

ESTIMATED TOTAL INCOME FOR 2008..... $_____ $

_____
Student's Signature Date

_____

Parent's Signature Date