



# OUACHITA BAPTIST UNIVERSITY

STUDENT FINANCIAL SERVICES  
REQUEST FOR REVIEW OF SPECIAL CIRCUMSTANCES 2022-23

Name: \_\_\_\_\_ Social Security# \_\_\_\_\_  
                   **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 Student Financial Services, OBU Box 3774, Arkadelphia, AR 71998-0001 (or fax 870-245-5318).

1. **Income Reduction** (loss of Job or Benefits). *Documentation Required of changes from 2022-23 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 2021/22.*
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 detail on any income changes from one year to the next.

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\* Please provide an income estimate for the period January 1, 2021 to December 31, 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 \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_