

## 2025-2026 Special Circumstances Application

The process of determining a student's eligibility for federal aid is basically the same for all applicants. However, in some cases, your expected family contribution can be adjusted due to extenuating circumstances. Possible circumstances may include: unusual medical or dental expenses (expenses exceeding 7.5% of adjusted gross income) tuition expenses for dependent children attending a private elementary or secondary institution; unemployment or reduction in work income; or daycare expenses for a child or other dependent family member. There must be good reason for the financial aid administrator to make an adjustment, and adequate proof must be submitted to support any adjustments made. The financial aid administrator's decision is final and cannot be appealed to the U.S. Department of Education.

Before considering a Special Circumstances application, your financial aid administrator must review the results from your Free Application for Federal Student Aid (FAFSA). Please submit the FAFSA, then, after the results are returned to you, submit this application.

Please provide all information requested by this form and any other documentation you feel supports your application. By providing all information at the onset, a decision can be made in a timelier manner. In some situations, the Financial Aid Office may request further documentation and your application will be delayed until that information is provided. You must calculate and total all figures in order for your application to be reviewed. An incomplete application will be returned for completion before any decision is made.

### **BE AWARE THAT THIS APPLICATION MAY DELAY THE PROCESSING OF YOUR FINANCIAL AID FOR AN ADDITIONAL 2 - 3 WEEKS**

#### **Required documents:**

- Copy of **2023** Federal Tax Return Transcript ordered from IRS (student and spouse or parent)
  - [www.irs.gov](http://www.irs.gov) or 1-800-908-9946 (federal regulation does not allow us to accept regular tax returns)
- Brief explanation of extenuating circumstances
- **2025-2026** Verification Worksheet

#### **Additional documentation as related to your case:**

- copy of **2023** 1099(s)
- copy of last or most recent pay stubs for **2025**
- copy of divorce decree or notarized letter of separation
- copy of custody papers
- copy of receipts and total amounts of bills paid
- verification of disability income or benefits
- itemized and totaled statement of medical expenses *not* paid by insurance
- letter of dismissal from ex-employer
- proof of one-time income (if not on federal tax return)
- verification of social security income or benefits
- verification of unemployment benefits
- verification of Veteran's benefits
- **2023** W-2 forms or verification of end-of-year income
- Schedule A of the **2023** federal tax return required for most medical expense related applications

**\*See the 2025-2026 Student Guide from the U.S. Department of Education, page 7.**

Student's Name \_\_\_\_\_ SS# \_\_\_\_\_

- 1. Income earned in 2023 does not accurately reflect the student's and spouse's or parents' expected income for 2025 for one or more of the following reasons:**  
(mark all that apply)

**Independent Student**

- ☐ A.\* loss of employment or change in employment status for student/spouse. Send copy of last pay stub(s) and letter of dismissal, letter of resignation, or reduction in salary notification
- ☐ B.\* death of spouse - send copy of the death certificate
- ☐ C.\* divorce/separation - send copy of divorce decree or notarized letter of separation
- ☐ D.\* disability of student or spouse
- ☐ E. one-time income (i.e. inheritance, sale proceeds)
- ☐ F. medical/dental bills or disability related expenses which **exceed 7.5% of adjusted gross income**
- ☐ G. \* reduction or loss of child support - send copy of court order

**Dependent Student**

- ☐ H.\* parent's loss of employment or change in employment status - send copy of last pay stub(s)
- ☐ I.\* death of parent - send a copy of the death certificate
- ☐ J.\* parents' divorce/separation - send copy of divorce decree or notarized letter of separation
- ☐ K.\* disability of parent
- ☐ L. one-time income (i.e. inheritance, sale proceeds)
- ☐ M. medical/dental bills or disability related expenses which **exceed 7.5% of adjusted gross income**
- ☐ N. \* reduction or loss of child support - send copy of court order

- 2. Complete the following for dates Jan. 1 - Dec. 31, 2025 for any\* item above (i.e., a\*, b\*, etc.)**

INCOME**	Student	Spouse	Mother	Father
<u>Year-to-date</u> wages, salaries, tips (include severance pay, disability payments, etc.) Provide check stub(s).				
<u>Estimated wages</u> , salaries, tips (include severance pay, disability payments, etc.) for <u>the remainder of the year</u> .				
Other <u>taxable</u> income (i.e., business, unemployment, worker's compensation).				
<u>Untaxed</u> Social Security benefits				
Aid to Families with Dependent Children (AFDC) or Transitional Employment Assistance (EA)				
Child Support received for all children				
Other untaxed income				
<b>TOTAL INCOME</b>				
** If you or your parents are divorced or separated, give only your information or the information of the custodial parent. If loss of income was due to the death of a spouse or parent, give only your information or the information of your surviving parent				

3. If 1-E or 1-L is marked, identify the source of income and explain how the funds were spent. If more space is necessary, please attach a separate sheet. PROVIDE DOCUMENTATION.

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4. If 1-F or 1-M is marked, what are the total expenses NOT paid by insurance? \$\_\_\_\_\_.

**\*\*\*Send Schedule A from your 1040 form or documentation of actual expense\*\*\***

### **Applicant Certification:**

I certify that all of the information on this form and any attached, supporting documents, are true, complete, and accurate to the best of my knowledge. I further understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of any financial aid received, and may subject me to a fine, imprisonment, or both, under provisions of the United States Criminal Code. By signing, I certify that I understand that the Financial Aid Office's decision is final for the 2024-2025 academic year.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Spouse/Parent Signature Date

**You will be notified by letter, in a timely manner as to the outcome of the Financial Aid Office's decision.**

Return to:  
Black River Technical College  
Financial Aid Office  
P.O. Box 468  
Pocahontas, AR 72455

Office use only	
Approved <input type="checkbox"/>	FAA: _____
Denied <input type="checkbox"/>	Date: _____
Notes:	