Student ID No.:



Name:

FINANCIAL AID OFFICE

1537 University Blvd. Morrilton, AR 72110

(501) 977-2055 1-800-264-1094 Fax: (501) 977-2123

www.uaccm.edu

SPECIAL CIRCUMSTANCES

(Last Name)		(First Name)				
students who hav	ve special circums please complete tl	ithority to make profession stances that could affect the he following, attach all sup	ir ability to pay for th	eir education. If y	you feel you meet any of	
1. Income Redu	iction (loss of Job	or Benefits). Documentat	ion Required of chang	ges from 2026-202	27 FAFSA.	
	•	Covered by Insurance. Do not covered by insurance.	ocumentation Require	d: Schedule of a	tax return or receipts of	all
3. Separation/D certificate or i		of Family Member. Docum	nentation Required: Se	eparation stateme	ent or divorce papers, de	atł
	tal status change spouse for 2026/2	after FAFSA filed. Docum 026.	nentation Required: M	arriage license. I	ncome documentation fo	r
5. Other: (Priva	te HS school tuiti	on charges, cost-of-living a	djustments if reside o	ut of the US, elde	er care expenses, etc.)	
		ance is and the reason(s) whone year to the next.	hy you are requesting	special considera	tion. Please provide deta	ils
Please provide an	income estimate	for the period January 1, 2	026. to December 31.	2026.		
	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 In	come for 2026: \$		<u>\$</u>			
(Student)			(Spouse/Parent)			
Signature:				Date:		
(Student	(1)					