

**- HARDING UNIVERSITY -**



**Student Financial Aid Services Phone: 501-279-4257**

**HU Box 12282**

**Fax: 501-279-5438**

**Searcy, AR 72149-2282**

**E-mail: [finaid@harding.edu](mailto:finaid@harding.edu)**

For Office Use Only:  
 Initial EFC: \_\_\_\_\_  
 Verified EFC: \_\_\_\_\_  
 Date Verified: \_\_\_\_/\_\_\_\_/\_\_\_\_

For unusual or unexpected circumstances, complete this form to the best of your ability and provide requested documentation to the Financial Aid office. Your request will be reviewed and responded to as quickly as possible; however, please allow several weeks for processing. This form is not all inclusive; if the family has experience a hardship not listed here, provide the office with as much detail and documentation as possible about the situation's effect on the finances, either in terms of income loss or additional expenses. If changes are made to the student's information, it will be updated in the financial aid section of the Harding Pipeline account.

Please complete Part A and Part F of this form as well as any other sections for which you wish to document unusual circumstances. Any sections not applicable maybe skipped. Please mail or fax completed form and requested documentation to the office.

**Part A: Application Information and Verification Status**

STUDENT NAME:	HARDING ID
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Before special circumstances can be considered in the financial aid process, you must first submit a VERIFICATION FORM and tax documentation to verify the accuracy of all financial data and other information listed on the Free Application for Federal Student Aid (FAFSA). When necessary as a result of this process, the FAFSA will be updated to more accurately reflect the current financial situation. Please note that any errors on a previously submitted FAFSA will require Harding University to correct the information ( even if unrelated to the special circumstances request), and aid eligibility may be altered accordingly.

I have attached the 2008-2009 Verification Form and copies of signed federal 2007 tax returns for all filers in household.	2007-2008 Verification Form and tax documentation has already been submitted.
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**Part B: Private School Tuition or Child/Dependent Care Expenses**

FULL NAME OF FAMILY MEMBER	AGE	RELATIONSHIP TO STUDENT	Amount	Expense Type

Please explain any anticipated changes in these expenses for 2007 (higher or lower):

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2007 receipts for tuition payments or child/dependent care expenses attached.	Signed itemized statement of expenses for 2007 and projected 2008 expenses attached.
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**Part C: Unusual Medical and Dental Expenses**

Medical/Dental Insurance paid in 2008, Do NOT include employer's contribution:	Amount
Medical/Dental expenses in 2008 that were NOT COVERED BY INSURANCE:	Amount

PART C CONTINUED ON NEXT PAGE

08-09 Special Circumstances Form Student Name: \_\_\_\_\_ H# \_\_\_\_\_

**Part C: Medical and Dental Expenses, Continued**

Explanation of anticipated changes in non-reimbursed medical/dental expenses in 2008:

\_\_\_\_\_

\_\_\_\_\_

2007 Federal Income Tax Form, Schedule A-

Receipts of 2007 medical /dental payments and signature  
below of person for which information is disclosed.

Itemized Deduction attached

I hereby authorize the use or disclosure of my individually identifiable health information to Harding University as described above and as described in documentation that I have voluntarily submitted. Information disclosed to Harding University is limited to health care claims or receipts for the period of time beginning January 1, 2007 and ending December 31, 2007. This information is being disclosed to Harding for the sole purpose of documenting special circumstances. This authorization to use these records will expire one year from the date signed below unless I indicate a shorter period here\_\_\_\_/\_\_\_\_/\_\_\_\_\_. At any time, I have the right to revoke this authorization prior to its expiration date by notifying Harding University in writing, but the revocation will not have any effect on any action Harding University took before it received the revocation. I also have the right to see and copy the information described on this form if I request it. I further understand that I am not required to sign this form to receive any services from Harding University.

Patient Signature

Date

**Part D: Income Reduction**

If your income and/or spouse's or parents' income will be less in 2008 than it was in 2007, check the appropriate reason and explain the situation below.

<input type="checkbox"/>	Unemployment or change in employment
<input type="checkbox"/>	Divorce or separation
<input type="checkbox"/>	Disability of student, spouse, or parent
<input type="checkbox"/>	Death of parent of spouse
<input type="checkbox"/>	Natural disaster
<input type="checkbox"/>	Loss of untaxed income or benefit
<input type="checkbox"/>	One time income-inheritance, moving expense allowance, IRA or pension distribution

EXPLANATION of situation, including dates of the change in your situation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Anticipated Income for 2008: Earnings & Income to date plus estimate of TOTAL INCOME for 2008.**

Type of Income	Father	Mother	Student	Spouse
Wages, salaries, tips, severance pay, unemployment, disability pay				
Other taxable income (rentals , pensions, as reflected on tax return)				
AD/AFDC/TANF (Annual estimate)				
Child support received (annual estimate)				
Other untaxed income (Social Security, housing, etc.)				

*If you or your parents are divorced or separated, give only your information or the information of the custodial parent. If the loss of income was due to the death of your spouse or parent, give only your information or the information of the surviving parent.*

I have attached signed statements documenting estimated earnings /verification of actual Social Security/unemployment benefits/workers' compensation benefits./disability payments.

For MINISTERS: I have also attached 2007 Federal Income Tax Form, Schedule C

08-09 Special Circumstances Form Student Name: \_\_\_\_\_

H# \_\_\_\_\_

## Part E: Unusual Debts

Type or Cause of Debt	Original Debt	Amount Owed	Mo. Payment

Please explain ANY change in these expenses for 2008 and why:

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I have attached the contract/billing/payment summary from the individual/company/agency to which the money is owed.

## Part F: Certification

The information listed on this form is true and correct to the best of my/our knowledge. I understand that knowingly giving false information will result in a review of my financial aid eligibility.

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

## Mailing Information

Harding University  
 Financial Aid Services  
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 Searcy, AR 72149-2282

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finaid@harding.edu    www.harding.edu/finaid

*Please allow several weeks for processing. We will notify with results via email.*

**08-09 Special Circumstances Form** Student Name: \_\_\_\_\_ # \_\_\_\_\_