



2011-12 SPECIAL CIRCUMSTANCES WORKSHEET
Harding University
Financial Aid Office

HU Box 12282
Searcy, AR 72149-2282
(800) 477-3243
(501) 279-4257
(501) 279-5438 fax
finaid@harding.edu

For Office Use Only

Initial EFC: _____
Verified EFC: _____
Date Verified: _____

SECTION A

Name and Verification Status See Instruction Page, Section A	Harding ID
Last Name	First Name

I have attached the 2011-12 Verification form and copy of signed federal 2010 tax returns for all filer in household.	2011-12 Verification form and tax documentation was previously submitted to the office and should be on record
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SECTION B

Private School Tuition or Child/Dependent Care Expenses Full Name	Age	Student	Amount	Expense Type

Please explain any anticipated changes in these expenses from 2010 (higher or lower):

SECTION C

Unusual Medical and Dental Expenses	Amount
Medical/Dental Insurance paid in 2010 (do not include employer's contributions):	
Medical/Dental expenses in 2010 not covered by insurance:	

Explanation of anticipated changes in non-reimbursed medical/dental expenses from 2010 (higher or lower):

2010 Federal Income Tax Form, Schedule A- itemized deductions attached	Receipts of 2009 medical/dental payments and signature below of person for which information was disclosed
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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, 2010 and ending December 31, 2010. 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.

Date	Patient Signature
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1112 SPEC CIRC

Last Name

First Name

Harding ID

SECTION D

Income Reduction	Select One
D1: If income of student/parent/spouse will be lower in 2011 from 2010, check reason & explain below	
Unemployment or change in employment	
Divorce or separation	
Disability of student, spouse, or parent	
Death of parent or spouse	
Natural disaster	
Loss of untaxed income or benefit	
One time income (inheritance, moving expense allowance, IRA or pension distribution)	
Explanation of situation:	

D2: Anticipated Income for 2011: Earnings and Income to date the plus estimate of total income for 2011				
Type of Income	Father	Mother	Student	Spouse
Wages, salaries, tips, severance pay, unemployment, disability pay				
Other taxable income (rental, pensions, as reflected on tax return)				
AD/ADF/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 your spouse or parent, give only your information or the information of the surviving parent.				
I have attached signed statement documenting estimated earning/ verification of actual Social Security/ unemployment benefits/ workers' compensation benefits/ disability payments		For Ministers: I have also attached 2010 Federal Income Tax Form, Schedule C		

SECTION E

Unusual Debts			
Type or Cause of Debt	Original Debt	Amount Owed	Mo. Payments
Explanation of any change in debts from 2010			
I have attached the contract/ billing/ payment summary from the individual/ company/ agency to which the money is owed			

SECTION F

Certification	<i>The information 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.</i>
Date	Signature Student
Date	Signature Parent/Spouse

Please allow several weeks for processing. Student will be notified of results via email

1112 SPEC CIRC

Last Name

First Name

Harding ID

2011-12 SPECIAL CIRCUMSTANCES WORKSHEET INFORMATION**INTRODUCTION**

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, although you will need to allow several weeks for the process to complete.

This form is not all-inclusive; if the family has experienced a hardship not listed, 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 Section A and Section F of this form and any other applicable sections for which you wish to document unusual circumstances. Any section not applicable may be skipped. Please mail or fax completed and signed form and requested documentation to the office.

SECTION A

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.