

Review the chart below to determine which circumstance situation applies to you and/or your family. Each request is evaluated on a case-by case basis. Because of the individualized nature of these requests, the evaluation process may take 3-4 weeks, however, we will have an outcome no later than 60 days from the final submission of required documents. All communications regarding approval, denial or requests for additional information will be directed to the student's BU email address.

NOTE: If you have filed your 2025-2026 FAFSA and received a SAI of 0 or less, submitting a Special Circumstance appeal will <u>not</u> result in a change of your financial aid offer. Instead, we encourage you to complete our <u>Reconsideration for Additional Financial Assistance form.</u>

## **Step 1: Explanation of Circumstance**

Provide a detailed explanation statement (letter) <u>signed</u> and <u>dated</u> regarding your current situation that you are asking us to consider.

Step 2: Situation and supporting documentation requirement

<b>Special Circumstance</b>	Student and Parent (or Spouse)	Required Documentation
Loss of Employment or reduction of work hours	You and your parent (or spouse) earned income for 2024 and/or 2025 will be less than that earned in 2023.	Signed <b>2024</b> Federal Income Tax Return or Non-Filer Income Verification Worksheet     Income/Benefit Change Appeal Form     Termination documentation from employer     Last pay stub showing year-to-date and/or current earnings     Unemployment benefit documentation
Loss of Benefits e.g. Alimony, Child Support, Retirement/Pension, Worker's Compensation	You and your parent (or spouse) received benefits in 2023 which have ceased or been reduced in 2024 and/or 2025.	Signed <b>2024</b> Federal Income Tax Return     Income/Benefit Change Appeal Form     Documentation substantiating loss of funds
Change in Family Structure e.g. Divorce, Separation, or Widowed	Your parent (or your spouse) divorced, separated or died <b>after</b> submitting the 2025-26 FAFSA.	<ul> <li>Dependent / Independent Family Size Worksheet</li> <li>Signed 2024 Federal Income Tax Return</li> <li>Divorce decree, Legal separation agreement, and/or Proof of separate addresses</li> <li>Documentation to verify the amount of support</li> <li>Copy of death certificate</li> </ul>
Extremely High Medical and/or Dental Expenses Not Covered by Insurance	Medical expenses paid in 2024 by you or your parent (or spouse) <b>exceeded 10%</b> of the total household income earned in 2024.	Signed 2024 Federal Income Tax Return     Extenuating Medical/Dental/Nursing/Child Expenses     Appeal Form     Provide documentation summarizing the condition, treatment, and cost for expenses not covered by insurance.

Unusual Circumstance Dependency Override	Required Documentation
	Signed <b>2023 and 2024</b> Federal Income Tax Return; or Non-Filing Tax Letter
refugee/asylum status, parental o Traincarceration or estrangement or	Two statement letters regarding your situation from other adults i.e. priest, minister, caseworker, police office, etc.  High School homeless liaison documentation

## PLEASE SUBMIT COPIES AS DOCUMENTATION WILL NOT BE RETURNED.

Please submit completed forms along with supporting documentation, to the Office of financial Aid via our dropbox located on our <u>website</u> or via email to <u>financialaid@ben.edu</u>