



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 not result in a change of your financial aid offer. Instead, we encourage you to complete our [Reconsideration for Additional Financial Assistance form](#).

**Step 1: Explanation of Circumstance**

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

**Step 2: Situation and supporting documentation requirement**

Special Circumstance	Student and Parent (or Spouse)	Required Documentation
<b>Loss of Employment or reduction of work hours</b>	You and your parent (or spouse) earned income for 2024 and/or 2025 will be less than that earned in 2023.	<ul style="list-style-type: none"> <li>o Signed <b>2024</b> Federal Income Tax Return or Non-Filer Income Verification Worksheet</li> <li>o <a href="#">Income/Benefit Change Appeal Form</a></li> <li>o Termination documentation from employer</li> <li>o Last pay stub showing year-to-date and/or current earnings</li> <li>o Unemployment benefit documentation</li> </ul>
<b>Loss of Benefits</b> <i>e.g. Alimony, Child Support, Retirement/Pension, Worker's Compensation</i>	You and your parent (or spouse) received benefits in 2023 which have ceased or been reduced in 2024 and/or 2025.	<ul style="list-style-type: none"> <li>o Signed <b>2024</b> Federal Income Tax Return</li> <li>o <a href="#">Income/Benefit Change Appeal Form</a></li> <li>o Documentation substantiating loss of funds</li> </ul>
<b>Change in Family Structure</b> <i>e.g. Divorce, Separation, or Widowed</i>	Your parent (or your spouse) divorced, separated or died <b>after</b> submitting the 2025-26 FAFSA.	<ul style="list-style-type: none"> <li>o <a href="#">Dependent / Independent Family Size Worksheet</a></li> <li>o Signed <b>2024</b> Federal Income Tax Return</li> <li>o Divorce decree, Legal separation agreement, and/or Proof of separate addresses</li> <li>o Documentation to verify the amount of support</li> <li>o Copy of death certificate</li> </ul>
<b>Extremely High Medical and/or Dental Expenses Not Covered by Insurance</b>	Medical expenses paid in 2024 by you or your parent (or spouse) <b>exceeded 10%</b> of the total household income earned in 2024.	<ul style="list-style-type: none"> <li>o Signed <b>2024</b> Federal Income Tax Return</li> <li>o <a href="#">Extenuating Medical/Dental/Nursing/Child Expenses Appeal Form</a></li> <li>o Provide documentation summarizing the condition, treatment, and cost for expenses not covered by insurance.</li> </ul>

Unusual Circumstance	Dependency Override	Required Documentation
<b>Student's dependency status</b>	Unique situations (e.g. Homeless youth, legally granted refugee/asylum status, parental incarceration or estrangement)	<ul style="list-style-type: none"> <li>o Signed <b>2023 and 2024</b> Federal Income Tax Return; or</li> <li>o Non-Filing Tax Letter</li> <li>o Two statement letters regarding your situation from other adults i.e. priest, minister, caseworker, police office, etc.</li> <li>o High School homeless liaison documentation</li> <li>o <a href="#">Petition to Apply as an Independent Student form</a></li> </ul>

**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 [website](#) or via email to [financialaid@ben.edu](mailto:financialaid@ben.edu)