

Professional Judgement
Office of Financial Aid
5345 Atlanta Hwy
Montgomery, AL 36109
Phone: 334-386-7195 Fax: 334-386-7201

If you and your family have experienced unusual financial circumstances, complete this form to the best of your ability and provide the requested documentation to our office. We will review your request and respond as quickly as possible, but please allow several weeks for processing. This is not an all-inclusive list. If you have experienced a hardship that is not listed here, provide us with as much detail as possible on how the situation has affected you financially, either in terms of income loss or additional expenses. If we make changes to your financial aid, your financial aid award information will be updated in the financial aid section of your Faulkner 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. You may skip sections that do not pertain to you. Mail or fax completed form and requested documentation to our office.

Part A: Application Information and Verification Form Status

STUDENT'S NAME:

FAULKNER STUDENT ID:

Before your unusual circumstances can be considered in the processing of your financial aid you must first submit a **VERIFICATION FORM** and tax documentation to verify the accuracy of all financial data and other information you listed on the **Free Application for Federal Student Aid (FAFSA)**. When necessary, because of this process, our office will update your **FAFSA** to more accurately reflect your current financial situation. Please note that, if you made an error on the **FAFSA** you previously submitted, Faulkner University must correct that information (even if unrelated to your unusual circumstances request), and as a result your eligibility for federal aid may actually decrease!

☐

I have attached a **2026-2027 Verification Form** and copies of signed federal **2024** tax returns for all filing members of the household.

-OR-

☐

The **2026-2027 Verification Form** and tax documentation was already submitted.

Part B: Private School Tuition of Child Care/Dependent Care Expenses

Note: Adjustments to K-12 private school tuition for younger siblings is allowed.

List the family member and the amount of relevant expenses for each.

Name of Family Member	Age	Relationship to Student	Amount	Type of Expense

Please explain if these expenses will be lower, the same, or higher in 2026 and why:

Attach Required Documentation:

☐

2024 receipts for tuition payments or childcare/dependent care expenses.

☐

Signed itemized statement of expenses for **2024** and projected **2025** expenses.

Part B: Unusual Medical and Dental Expenses

Amount paid for medical/dental insurance in **2024**. Do NOT include employer's contribution: \$ _____

Amount paid for medical/dental expenses in **2024** NOT COVERED BY INSURANCE: \$ _____

Part C: Medical and Dental Expenses Continued

Will your non-reimbursed medical/dental expenses be lower, the same, or higher in **2024** and why?

Attach Required Documentation:

☐

2024 Federal Income Tax Form, Schedule A – Itemized Deduction.

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Receipts of medical and dental payments from year **2024**, and signature (below) of person for which medical information is being disclosed.

I hereby authorize the use or disclosure of my individually identifiable health information to Faulkner University as described above and as described in documentation that I have voluntarily submitted. Information disclosed to Faulkner University is limited to health care claims or receipts for the period beginning **January 1, 2024** and ending **December 31, 2024**. This information is being disclosed to Faulkner University for the sole purpose of documenting unusual circumstances. This authorization to use these records will expire one year from the date signed below unless I indicate a shorter period: _____ . At any time, I have the right to revoke this authorization prior to its expiration date by notifying Faulkner University in writing, but the revocation will not have any effect on any actions Faulkner 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 Faulkner University.

Patient Signature _____

Date _____

Part D: Income Reduction

If your income and/or your spouse's or parents' income will be less in **2024** than it was in **2023**, check the appropriate reason and explain the situation below.

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

ANTICIPATED INCOME for 2024: Earnings & income to date plus estimate of TOTAL INCOME for 2026.

Type of Income	Father	Mother	Student	Spouse
Wages, salaries, tips, severance pay, unemployment, disability pay				
Other taxable income (rentals, pensions, etc. as reflected on your tax return)				
ADC/AFDC (Annual est.)				
Child support received (Annual est.)				
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 your surviving parent.

Attach Required Documentation:

- ☐ Signed statements documenting estimated earnings or verification of actual Social Security, unemployment benefits, workers' compensation benefits, or disability payments.
- ☐ MINISTERS: 2024 Federal Income Tax Form, Schedule C

Part E: Unusual Debts

Use this section to address high debt payments that were a result of unusual circumstances, such as credit card debts to cover unemployment expenses or failed business; legal fees for divorce, adoption, etc; education loans of parents or spouses; or personal debts for non-discretionary expenses. Please do not include normal debt expenses such as a mortgage.

List the type and purpose of the debt, total amount owed, and amount of monthly payments:

Type or Cause of Debt	Monthly Payment	Original Debt	Amount Owed

Please explain if these expenses will be lower, higher, or the same in 2026 and why.

Attach Required Documentation:

- ☐ Contract; billing or payment summary from the individual, company, or 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.

Signature of Student

Date

Signature of Parent (for dependent students) or Signature of Spouse

Date

Mail or fax completed form AND requested documentation to the following address:

**Faulkner University
Financial Aid Office
5345 Atlanta Hwy
Montgomery, AL 36109**

Phone: 334-386-7195 Fax: 334-386-7201

Email: faid@faulkner.edu

11/13/2025