

Special & Unusual Circumstances Form

A family that experiences a significant special financial circumstance may request a financial aid eligibility review in certain situations. In addition, a student who is unable to contact a parent or where contact with a parent poses a risk to the student may qualify for a change to their dependency status. Please review the chart below to determine if your situation qualifies. Additional documentation may be requested after the initial review. Your request will be reviewed within 30 days once ALL required documentation is received.

Student Information:			
Last	First	MI	
Address			
City	State	Zip	
Student Email Address		Student Cell Number	
Parent Email Address		Parent Cell Number	
Please place an X in the section that matches your situation.			
Loss of Income	Family has experienced an involuntary income.	loss of employment or substantial reduction of	
	date occurred and expected duration	erson who was affected and explaining the cause, on leturn including any schedules and W-2s	
Medical or Dental Expenses	Family has excessive medical or denti health savings accounts.	al expenses that were not covered by insurance or	
	Required Documentation: Copy of Receipts showing paymen Copy of 1040 Schedule A showing		
Private Tuition Paid	Family has paid more than \$2500 for private elementary or high school tuition for younger sibling(s) of the applicant during the 2024 calendar year.		
		the school which includes the school's name, the act amount paid for tuition during 2024	
One-time Increase in Income		n income due to a unique circumstance (e.g. rement account, income from sale of property,	
	Required Documentation: • Written statement explaining the si	ituation and any supporting documents	

Legal Separation or Divorce	Required Documentation: • Copy of court order, divorce decree or legal separation	
Death of Parent or Spouse	Required Documentation: Copy of Death Certificate or Obituary Documentation of any death benefits received	
Other Special Circumstances	Required Documentation: Signed and dated letter explaining the circumstances along with any additional documentation you would like to have considered	
Circumstance Dependency Override: A student who is unable to contact a parent or where contact with a parent poses a risk to the student may qualify for a change to their dependency status *If approved by BLC, this will carryover to future award years provided circumstances remain unchanged	 Examples of an Unusual Circumstances include: Human trafficking Abusive family situation, which has created an extreme hardship and may prevent the student from attending college Victim of a documented child abuse case Student is a ward of the court or is in the custody of DHS Student is completely abandoned by the parents from all emotional, financial and physical support Parental incarceration Examples of Supporting Documentation may include: a documented interview between the student and the financial aid administrator; a documented phone call or written statement, which confirms the unusual circumstances with: a state, county, or Tribal welfare agency; an independent living case worker who supports current and former foster youth with the transition to adulthood; or a public or private agency, facility, or program servicing the victims of abuse, neglect, assault, or violence; a documented phone call or written statement from an attorney, guardian ad litem, or court-appointed special advocate that confirms the circumstances; a documented phone call or written statement from a representative at an institution of higher education that confirms the circumstances; utility bills, health insurance, or other documents that demonstrate a separation from parents or legal guardians; or submission of official documentation that the student's parents or legal guardian are incarcerated. 	
MAIL, FAX or EMAIL Special & Unusual Circumstances Form along with Required Documentation to:		
Bethany Lutheran Coll 700 Luther Drive Mankato, MN 56001	ege Fax: (507) 344-7307 Email: FinAid@blc.edu Upload: blc.edu/financialaid/upload	
Student Signature:	Date:	
Parent Name:		
Parent Signature:	Date:	

(Required if student is a Dependent)