

Special Circumstance Form 2020-2021

West Virginia Wesleyan College

Financial Aid Office ❖ 59 College Ave ❖ Buckhannon, WV 26201 ❖ Fax: (304) 473-8824

This Special Circumstance Form may be used by you to report unusual circumstances which impact your ability to pay for you or your child’s education at WV Wesleyan. Such situations include but are not limited to: loss of income, death of a wage earner, or extraordinary expenses that reduce your income. Before the Financial Aid Office can review the information on this form, you must have previously filed a 2020-2021 Free Application for Federal Student Aid (FAFSA) and completed the Verification Process, if applicable. Special circumstances are only approved one time in any instance. Your application for appeal will NOT be reviewed if we do not receive all the required information. Return this form and all documentation to the address above.

Please complete the section of this form that pertains to your family’s situation. The following materials must be submitted to our office:

- 1. This form
2. A detailed written explanation of your circumstance
3. Any other documentation to support your appeal

Student’s Name

Student ID

Parent’s Name

Telephone

Email Address

INCOME REDUCTION

Will your income be significantly less in 2020 than in 2019? Yes ___ No ___ Date of occurrence: _____

If “Yes” check the appropriate reason below.

- ___ Unemployment or change in employment – Provide copies of signed 2019 1040 & W-2s, Termination Letter, Final Pay Stub, and Unemployment Notice
___ Divorce/separation – Provide copy of Divorce or Separation Agreements, Signed 2018 1040 Tax Return & W-2s
___ Death of spouse – Provide copy of Death Certificate, Signed 2018 1040 Tax Return & W-2s
___ Disability of student or student’s parent or spouse – Provide copy of disability, Signed 2018 1040 Tax Return & W-2s
___ Loss of child support or Social Security Benefit upon child reaching age 18 – Provide Social Security Statements
___ Other, please list – Provide Statements if applicable _____

Provide the following household information for the period January 1, 2019 to December 31, 2019. If you are divorced, separated, or widowed include only your income information. If remarried, include your spouse.

- Wages, salaries, tips (including severance pay, disability payments and any income from work) \$ _____
Other taxable income _____
Untaxed Social Security benefits _____
Aid to Families with Dependent Children _____
Child support received _____
Other untaxed income _____

NONRECURRING INCOME

- ___ One-time income – Provide Statements (e.g., inheritance, moving expense allowance, IRA or pension distribution) – Identify the source of income, the amount, and how the funds were spent or invested. _____
___ Other, please list – Provide Statements if applicable _____

UNUSUAL MEDICAL/DENTAL EXPENSES

Required Documentation: You or your parents itemized medical/dental expenses, a signed copy of the 2019 federal tax return, with Schedule A. If you or your parents did not itemize medical/dental expenses, provide receipts of medical and dental payments made during 2019. Medical/dental expenses up to 11% of the family’s income are already taken into account by the federal needs analysis formula when determining financial aid eligibility. Therefore, only the portion of expenses which exceed 11% will be considered an unusual circumstance.

How much did you or your parents pay for medical/dental expenses not covered by insurance in 2019? \$ _____

CERTIFICATION STATEMENT

We certify that all of the information provided is complete and correct.

Student’s Signature

Date

Parent/Guardian’s Signature

Date