

Special Circumstance Form 2026-2027
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 2026-2027 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 2025 than in 2025? Yes _____ No _____ Date of occurrence: _____
If "Yes" check the appropriate reason below.

____ Unemployment or change in employment – **Provide copies of signed 2025 1040 & W-2s, Termination Letter, Final Pay Stub, and Unemployment Notice**

____ Divorce/separation – **Provide copy of Divorce or Separation Agreements, Signed 2024 1040 Tax Return & W-2s**

____ Death of spouse – **Provide copy of Death Certificate, Signed 2024 1040 Tax Return & W-2s**

____ Disability of student or student's parent or spouse – **Provide copy of disability, Signed 2024 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, 2026 to December 31, 2026. 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 2025 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 2025. 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 2025? \$ _____

CERTIFICATION STATEMENT

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

Student's Signature

Date

Parent/Guardian's Signature

Date