

**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