



2021-2022 Special Circumstance Form

Student Name: _____ WSCC ID: _____ DOB: ____/____/____

The purpose of a Special Circumstance Form is to review information submitted on the Free Application for Federal Student Aid (FAFSA) because it is no longer an accurate representation of the family's current financial situation. If your family's income is less this year than it was last year, the financial aid office will review your family's current income to determine if modifications can be made. Submission for review does not guarantee additional aid.

Apply for Review: In order to have a special circumstance request reviewed, the student must meet the guidelines listed below and this form must be completed and submitted with all required documentation. Please note the following;

- Student must be enrolled at time of request and meeting satisfactory academic standards for Federal Student Aid.
- Student must have a completed 2021-22 FAFSA with valid EFC on file with WSCC.
- If selected, the verification process must be completed and all conflicting information satisfied.
- Be complete and thorough when following each STEP on this form to prevent processing delays.

STEP 1. REASON FOR REQUEST (Check all that apply)

Checkmark the Special Circumstance(s) that applies to you. Any documentation listed as required but not submitted may cause a delay in our ability to review your request. Keep in mind, our office may request additional documentation.

Reason for Request <i>(Check One)</i> And Provide Required Documentation Listed	Date of Change <i>(mm/yyyy)</i>	Family Member Affected <i>(e.g. self, parent, spouse)</i>
<input type="checkbox"/> Unemployment or Change of Employment <ul style="list-style-type: none"> • Provide documentation from former employer (on letterhead) stating last date of employment or change in employment • Last pay stub showing year-to-date earnings • Unemployment Benefit or Denial Notice • <u>2019</u> Tax Return Transcript(s), W2's, and <u>2021-22</u> Verification Form • Statement from current employer, if applicable, on company letterhead noting when employment began, reduction of hours or pay decreased, number of hours worked per week, and wages earned per hour or month. 	/	
<input type="checkbox"/> Separation or Divorce <ul style="list-style-type: none"> • Provide legal documentation (divorce decree) or legal separation • <u>2019</u> Tax Return Transcript(s), W2's, and <u>2021-22</u> Verification Form 	/	
<input type="checkbox"/> Death of Spouse or Parent <ul style="list-style-type: none"> • Provide supporting documentation, i.e., copy of death certificate, obituary, funeral program • <u>2019</u> Tax Return Transcript(s), W2's, and <u>2021-22</u> Verification Form 	/	
<input type="checkbox"/> Loss of Taxed OR Untaxed Income <i>(Child Support, Alimony, SSI etc.)</i> <ul style="list-style-type: none"> • Documentation from agency stating total amount received in <u>2019</u> • Official documentation showing date untaxed income/benefit terminated • Documentation of the updated <u>2020</u> amount received • <u>2019</u> Tax Return Transcript(s), W2's, and <u>2021-22</u> Verification Form 	/	
<input type="checkbox"/> Other Extenuating Circumstances <i>(Circumstances must be beyond you, your spouse and/or parent's control such as medical condition, medical expenses, disability etc.)</i> <ul style="list-style-type: none"> • Letter from insurance company showing medical expenses not covered • Medical documentation supporting disability claim • Schedule A from Federal Tax Return for tax year bills were paid • <u>2019</u> Tax Return Transcript(s), W2's, and <u>2021-22</u> Verification Form 	/	

STEP 2. DETAILED LETTER OF CIRCUMSTANCES

Attach a signed personal statement detailing the specifics of your family's special circumstance and explain the changes in your family's financial situation. Be sure to include; (1.) The name(s) of the family member(s) that were directly impacted and the date it occurred. (2.) Any new income and/or benefits being received that were not received in 2019, the amount being received, and attach documentation of each income/benefit source (*such as, but not limited to, current income from work, retirement benefits, insurance benefits, unemployment, worker's compensation and Social Security*). ***For dependent students, the statement may be written and signed by one or both parent(s)***

STEP 3. CURRENT INCOME INFORMATION (*Choose the method that best fits your special circumstance*)

METHOD 1: ESTIMATE INCOME EXPECTED FOR 2020 –
List estimated income for January through December 2020. Attach documentation that agrees with amounts listed below. If 2020 Federal taxes have been filed with the IRS, please include a signed copy of your 2020 Federal Tax Return and 2020 W2's.

METHOD 2: PROVIDE INCOME FROM LAST SIX MONTHS –
List income for the last six months. Attach documentation that agrees with amounts listed below (paystubs, unemployment etc.)

SOURCE OF INCOME:	STUDENT	STUDENT'S SPOUSE	FATHER/ STEPFATHER	MOTHER/ STEPMOTHER
Wages, Tips, Salary	\$	\$	\$	\$
Business and Farm Income	\$	\$	\$	\$
Severance and Unemployment Pay	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Welfare/TANF	\$	\$	\$	\$
Retirement/Disability Benefits	\$	\$	\$	\$
Social Security/SSI Benefits	\$	\$	\$	\$
Child Support, Alimony	\$	\$	\$	\$
Tax exempt Interest, Dividend Income, IRA Distributions, Pension, Capital Gains, Annuity etc. (Specify)	\$	\$	\$	\$
Other (Specify)	\$	\$	\$	\$
TOTAL OF ALL INCOME:	\$	\$	\$	\$

COMPLETE ONLY IF YOUR SPECIAL CIRCUMSTANCE IS FOR EXTENUATING MEDICAL/DENTAL EXPENSES

Medical/Dental Expenses	\$	\$	\$	\$
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STEP 4: STATEMENT OF CERTIFICATION AND AUTHORIZATION

By signing this form, I certify that all of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide any additional information requested by the Financial Aid Office. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in actual change of the financial aid already offered. Use Blue or Black Ink, no electronic signatures accepted (All persons providing information must sign below)

Student Signature	Date	Spouse Signature	Date
Parent 1 Signature	Date	Parent 2 Signature	Date

RETURN THIS FORM: Completed forms and documents may be dropped off in person at the WSCC Student One Stop.
 Or, fax 740.376.0257, scan & email finaid@wscce.edu and/or mail to 710 Colegate Dr., Marietta, OH 45750.

OFFICE USE ONLY: ___ Approved ___ Incomplete ___ Denied FAO Signature: _____ Date: _____