



## 2022-2023 Special Circumstance Form

Student Name: \_\_\_\_\_ WSCC ID: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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 in previous years, 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 2022-23 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"/> <b>Unemployment or Change of Employment</b> <ul style="list-style-type: none"> <li>• Provide former employer documentation (on letterhead) that shows last date of employment or change in employment</li> <li>• Last pay stub with year-to-date earnings</li> <li>• Unemployment Benefit or Denial Notice</li> <li>• Statement from current employer, if applicable, on company letterhead noting when employment began, when reduction of hours/pay decreased, hours worked per week, and wages earned per hour/month.</li> <li>• 2020 and 2021 Tax Returns and W2's</li> </ul>	/	
<input type="checkbox"/> <b>Separation or Divorce</b> <ul style="list-style-type: none"> <li>• Provide legal documentation (divorce decree) or legal separation</li> <li>• 2020 and 2021 Tax Returns, W2's, and 202-23 Verification Form</li> </ul>	/	
<input type="checkbox"/> <b>Death of Spouse or Parent</b> <ul style="list-style-type: none"> <li>• Provide supporting documentation, i.e., copy of death certificate, obituary, funeral program.</li> <li>• 2020 and 2021 Tax Returns, W2's, and 2022-23 Verification Form</li> </ul>	/	
<input type="checkbox"/> <b>Loss of Taxed OR Untaxed Income</b> <i>(Child Support, Alimony, SSI, Workmen's Comp, Unemployment etc.)</i> <ul style="list-style-type: none"> <li>• Documentation from agency stating total amount received in <u>2020</u></li> <li>• Official documentation showing date untaxed income/benefit terminated</li> <li>• Documentation of the updated <u>2021</u> amount received</li> <li>• 2020 and 2021 Tax Returns and W2's</li> </ul>	/	
<input type="checkbox"/> <b>Other Extenuating Circumstances</b> <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"> <li>• Letter from insurance company showing medical expenses not covered</li> <li>• Medical documentation supporting disability claim</li> <li>• Schedule A from Federal Tax Return for tax year bills were paid</li> <li>• 2020 and 2021 Tax Returns and W2's</li> </ul>	/	

**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 2020, 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 2021 OR PROVIDE 2021 FEDERAL TAX FORMS & W2 FORMS –**  
*List estimated income for January through December 2021. Attach documentation that agrees with amounts listed below. If 2021 Federal taxes have been filed with the IRS, please include a signed copy of your 2021 Federal Tax Return and 2021 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)	\$	\$	\$	\$
<b>TOTAL OF ALL INCOME:</b>	\$	\$	\$	\$

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

Medical/Dental Expenses	\$	\$	\$	\$
-------------------------	----	----	----	----

**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@wsc.edu](mailto:finaid@wsc.edu) and/or mail to 710 Colegate Dr., Marietta, OH 45750.

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