

Student Name: _____
Please Print (Last, First)

ID# _____

REQUEST FOR CHANGE OF FINANCIAL NEED STATUS SPECIAL CIRCUMSTANCES PACKET (PROFESSIONAL JUDGMENT)

Special Circumstances

If valid special circumstances exist affecting your ability to pay the cost of education at WVC. The financial aid office **MAY** adjust data items from the **2023-2024 FAFSA** application that determine your expected family contribution (i.e., EFC) and your financial need. Examples of special circumstances are loss of employment by the student or student's parent(s) if dependent, high medical or dental bills not covered by insurance, and dependent care or student disability costs not covered by other resources.

The following steps are required before any consideration MAY happen as outlined below.

Step 1: Completed **2023-2024 FAFSA** application and required forms for your **2022-2023** financial aid file.

Step 2: Completed **2023-2024** Request for Change of Financial Need Status Special Circumstances packet as outlined below

a. For loss of employment submit:

Copy of notice of separation from the employer(s) showing employment status and date of terminations, or reduction of hours
Current proof of year-to-date gross earnings, and any additional benefits paid (e.g. severance pay, vacation pay, retirement benefits, etc.)

b. F

Step 3: Attach **COPIES** of student's/parents' **2021 & 2022** Federal tax returns and W2s forms and/or any statement of benefits received during the **2021 & 2022** years.

Step 4: Attach **COPIES** of all *original documents* that may apply to your specific situation and support or explain your special circumstance. This includes current proof of income, pay stubs, benefits, other income, etc. *NOTE: ADDITIONAL DOCUMENTATION MAY BE REQUESTED AT THE DISCRETION OF THE FINANCIAL AID OFFICE.*

Step 5: Turn in your completed packet. INCOMPLETE PACKETS WILL NOT BE REVIEWED. Once all appropriate documents have been gathered, drop them off at the Financial Aid Office. It may take up to 4-6 weeks for this request to be reviewed; you will be contacted by the Financial Aid Office with the results.

Student's

Student's Name (Last, First)

Student's ID #

To be completed by student and parent (if applicable)

2023/2024 - MONTHLY EXPENSES:

2023/2024- INCOME:

JANUARY 1ST, 2023 – TODAY or EXPECTED FUTURE INCOME

*Please furnish copies of Paycheck stubs, W