

STUDENT NAME: _____

STUDENT ID # : _____

Financial Aid eligibility is calculated using information provided on the Free Application for Federal Student Aid (FAFSA). The current federal formula assumes that 2020 income is a reasonable indicator of the family's financial strength during the **2022-2023** academic year. If your family experienced a substantial change in income or other circumstances after December 31, 2020, you may appeal to request an individual review of your financial aid eligibility. ****Submission of a Special Circumstances Appeal does not guarantee approval for the Federal Pell Grant or other types of need-based aid.**

1) PERSONAL STATEMENT

Describe how your family income has changed since the 2020 federal tax returns were filed. If additional space is needed, please attach a separate page that includes the student's name and WCC ID #.

2) APPEAL CATEGORIES AND DOCUMENTATION

Review the list below and select the category that most closely describes your circumstance(s) and attach relevant supporting documentation. If more than one category is selected, documentation is required for each circumstance.

Loss of employment or reduction in household income after December 31, 2020.

↳ Full Name: _____ Relationship to student: _____

↳ Last date of employment: ____/____/____ Date of wages lost from: _____ to _____

↳ Type of earnings or benefits lost: _____ Amount of earnings or benefits lost: \$ _____

- › Attach a letter from the employer documenting employment status (e.g., full-time to part-time, termination, etc.)
- › Attach Unemployment Benefits statement or notice of denial
- › Attach most recent/final pay stub. If after January 1, 2023, provide copies of 2022 W-2's.
- › Attach statements of other income received such as severance pay, retirement, disability, etc.

Separation or divorce after filing the 2022-2023 FAFSA. Student Parent (dependent student only)

↳ Date of separation/divorce: ____/____/____ Number of family members remaining in household: _____

↳ Number of family members in college: _____ Total child support received or expected: \$ _____

- › Provide legal documentation of separation or divorce (court documents, divorce decree, or proof that estranged parties are living separately [copy of lease agreement, utility bills, etc.]
- › Attach copies of 2020 W-2 forms for each spouse.

Death of an immediate family member whose information is included on the 2022-2023 FAFSA.

↳ Full Name of deceased: _____ Relationship to student: _____

↳ Number of family members in household: _____ Number of family members in college: _____

- › Provide legal documentation of death (copy of death certificate)

One-time non-recurring income: Student/Spouse Parent (dependent student only)

(Inheritance, retirement, IRA distribution, etc. that was reported on the 2019 federal tax return but is not expected to reoccur in the future.)

- › Attach documentation of the one-time income (legal documents, IRS Form 1099-R, financial statements, etc.)
- › Signed statement identifying the source of income and how the funds were spent or invested.

Excessive unreimbursed medical/dental expenses Student/Spouse Parent (dependent student only)

- › Provide a summary of PAID unreimbursed expenses (deductibles, co-pays, after tax insurance, prescription medications, expenses for durable medical equipment, and other amounts not covered by insurance) for 2020.

NOTE – Expenses for elective cosmetic or dentistry will not be considered.

Other circumstance(s) not listed on this form: Student/Spouse Parent (*dependent student only*)

↳ Identify this circumstance: _____

↳ Attach documentation to support this circumstance

NOTE – appeals will not be considered for a parent’s unwillingness to help pay for college, consumer debt, or housing expenses.

3) ATTACH THE FOLLOWING FOR ALL SPECIAL CIRCUMSTANCE(S) CONSIDERATION

- ↳ 2022-2023 WCC Verification Worksheet (*Independent or Dependent as applicable*)
- ↳ Signed copies of the 2020 **and** 2021 federal tax returns with relevant schedules or IRS Tax Return Transcripts for the student/spouse and/or parent(s) of a dependent student. (tax return transcripts are available via www.irs.gov)
 - ↳ **If a tax return was not filed**, attach a signed copy of the IRS Verification of Non-Filing letter dated on or after October 1, 2021.
- ↳ Attach copies of all copies of ALL W-2’s, 1099’s, and/or other statements of income earned from working in 2020 **and** 2021 for the student/spouse and/or parent(s) of a dependent student.

4) SPECIAL CIRCUMSTANCES ESTIMATED INCOME WORKSHEET

Please enter the amounts that you and your family expect to receive between 01/01/2022 and 12/31/2022. *You must attach supporting documentation of your 2022 income.*

Anticipated Income for 2022	Actual Income 01/01/22 - today	+	Estimated Income Today – 12/31/22	=	2022 Total Income
Student’s expected 2022 income earned from work (<i>wages, salaries, tips, net business/farm income</i>)	\$	+	\$	=	\$
Student’s expected 2022 unemployment compensation	\$	+	\$	=	\$
Spouse’s expected 2022 income earned from work (<i>wages, salaries, tips, net business/farm income</i>)	\$	+	\$	=	\$
Spouse’s expected 2022 unemployment compensation	\$	+	\$	=	\$
Parent(s) expected 2022 income earned from work (<i>wages, salaries, tips, net business/farm income</i>)	\$	+	\$	=	\$
DEPENDENT STUDENT ONLY					
Disability Income	\$	+	\$	=	\$
Child Support	\$	+	\$	=	\$
Workers Compensation	\$	+	\$	=	\$
Other: _____	\$	+	\$	=	\$
Total Estimated Income for 2022	\$		\$		\$

5) CERTIFICATION AND SIGNATURE

By signing below, I certify that the information provided on this form, attached worksheets, and other supporting documentation is true and complete as of this date. I understand that the request for an individual review is not guaranteed to result in a change to my financial aid package. I further understand that the Special Circumstances Appeal does not guarantee approval for the Federal Pell Grant or other types of need-based aid. Completion of this form is not a substitute for payment of applicable charges to the College.

STUDENT SIGNATURE: _____ **DATE:** ____/____/20____

PARENT SIGNATURE: _____ **DATE:** ____/____/20____

RETURN THIS COMPLETED FORM WITH ALL SUPPORTING DOCUMENTATION TO:
Wayne Community College – Financial Aid Office – PO Box 8002 – Goldsboro, NC 27533
FAX: 919-736-9425