

STUDENT NAME: _____

STUDENT ID: _____

Financial Aid eligibility is calculated using the information provided on the Free Application for Federal Student Aid (FAFSA). The current federal formula assumes that 2021 income is a reasonable indicator of the family's financial strength during the **2023-2024** academic year. If your family experienced a substantial change in income or other circumstances after December 31, 2021, 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 2021 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 REQUIRED DOCUMENTATION

Review the list below, select the category 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, 2021.

→ 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 the most recent or final pay stub. If after January 1, 2023, provide copies of 2023 W-2s.
- › Attach statements of other income received, such as severance pay, retirement, disability, etc.

Marital separation or divorce after filing the 2023-2024 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 2021 W-2 forms for each spouse.

Death of an immediate family member whose information is included on the 2023-2024 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 2021 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.)
- › A 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 2021.

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 cannot be considered for a parent’s unwillingness to help pay for college, consumer debt, or housing expenses.

3) OTHER REQUIRED DOCUMENTS

- ↳ 2023-2024 WCC Verification Worksheets for Household and Income (*Independent or Dependent as applicable*)
- ↳ Signed copies of the 2021 **and** 2022 federal tax returns with relevant schedules or IRS Tax Return Transcripts for the student and spouse 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 IRS Forms W-2, 1099’s, or other statements of income earned from working in 2021 **and** 2022 for the student and spouse or parent(s) of a dependent student.

4) ESTIMATED INCOME WORKSHEET

Please enter the amounts you and your family expect to receive between 01/01/2023 and 12/31/2023. **You must attach supporting documentation of your 2023 income.**

Anticipated Income for 2023	Actual Income 01/01/23 - today	+	Estimated Income Today – 12/31/23	=	2023 Total Estimated Income
Student’s expected 2023 income earned from work (<i>wages, salaries, tips, net business/farm income</i>)	\$	+	\$	=	\$
Student’s expected 2023 unemployment compensation	\$	+	\$	=	\$
Spouse’s expected 2023 income earned from work (<i>wages, salaries, tips, net business/farm income</i>)	\$	+	\$	=	\$
Spouse’s expected 2023 unemployment compensation	\$	+	\$	=	\$
DEPENDENT STUDENT ONLY					
Parent(s) expected 2023 income earned from work (<i>wages, salaries, tips, net business/farm income</i>)	\$	+	\$	=	\$
Disability Income	\$	+	\$	=	\$
Child Support	\$	+	\$	=	\$
Workers Compensation	\$	+	\$	=	\$
Other: _____	\$	+	\$	=	\$
Total Estimated Income for 2023	\$		\$		\$

5) CERTIFICATION AND SIGNATURE

By signing below, I certify that the information provided on this form, attached worksheets, and other supporting documentation is accurate 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. Completing this form is not a substitute for paying applicable charges to the College.

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

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

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