

Official Use Only

Original EFC _____
Revised EFC _____
Date _____
Bv _____



Office of Student Financial Aid, 400 W. Stephen St., Martinsburg, WV 25401
304/260-4380 Fax 304/260-4376
www.blueridgectc.edu/financial_aid

**SPECIAL CIRCUMSTANCES APPEAL
2007-2008**

Student Name: _____ Student ID: _____

Address: _____ Phone: _____

All students applying for Special Circumstances are selected for verification and must provide 2006 income tax returns, 2006 W2(s) and the verification worksheet, with a detailed letter explaining the situation.

This request may not be filed until 10 weeks after the beginning of the circumstance

PLEASE CHECK ALL THAT APPLY

___ **Loss of income from work**

Period of unemployment from _____ to _____

___ **Layoff** Provide a letter from employer stating effective date and anticipated return.

___ **Plant closing** Provide a letter from employer stating effective date.

___ **Termination** Provide a letter from employer stating effective date. If this is not available, provide documentation from local unemployment office.

___ **Disability** Date of disability _____. Attach documentation of the disability.

___ **Quit or reduced employment to attend school** Provide a letter from employer stating effective date.

___ **Other** Please specify and provide documentation _____

___ **Loss of taxable income**

___ **Alimony** Provide court document(s) stating termination date

___ **Worker's compensation** Provide a letter from Worker's Compensation stating termination date

___ **Unemployment** Provide a letter from the unemployment office stating termination date

___ **Other** Please specify and provide documentation _____

___ **Loss of untaxed income**

___ **Social Security** Provide social security administration notification of termination

___ **Child support** Provide a letter or court documentation stating termination date

___ **Other** Please specify and provide documentation _____

___ **Divorce** If applying for financial aid and you have already divorced, give only your information in the Income section of this form. Attach a copy of the divorce decree and your 2006 W2(s).

___ **Separation** If applying for financial aid and you are separated from your spouse give the date of separation _____ and current address of spouse _____

Give only your information in the Income section on this form. Attach a copy of your 2006 W2(s).

___ **One-time income** such as inheritance, moving expense allowance, prior year Social Security payments, or lump sum retirement or IRA distributions. You must attach a separate sheet that identifies source of income and how funds were spent or invested.

____ **Other unusual expenses paid**

____ **Medical or dental expenses** If you have paid medical or dental expenses for the 2006 calendar year that are not covered by insurance, provide a copy of schedule A of the 2006 federal tax returns or a summary of unreimbursed medical expenses for 2006.

Report the following income on the chart below. Report all **income** you have **actually** received from **January 1, 2007 through today**. Then **estimate** all income you **expect** to receive **today through December 31, 2007**. You must attach documentation of all income. Documentation could include recent pay stubs with year-to-date earnings, W-2(s) a letter from employer stating your total earnings, estimate of future income, etc.

Income for January 1, 2007 to December 31, 2007	Actual January 1, 2007 to today =	Estimated today to December 31, 2007 =	Total Actual + Estimated
Expected 2007 income earned from work by father (wages, salaries, tips, net business/farm income)	\$	\$	\$
Expected 2007 income earned from work by mother (wages, salaries, tips, net business/farm income)	\$	\$	\$
Expected 2007 income earned from work by student (wages, salaries, tips, net business/ farm income)	\$	\$	\$
Expected 2007 income earned from work by student's spouse (wages, salaries, tips, net business/ farm income)	\$	\$	\$
Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment, capital gains, etc.) Source:	\$	\$	\$
Social Security Benefits	\$	\$	\$
AFDC/TANF	\$	\$	\$
Child Support Received	\$	\$	\$
Other Untaxed Income (earned income credit, worker's comp, payments to IRA/ Keogh, etc.) Source:	\$	\$	\$
Total income for 2007	\$	\$	\$

CERTIFICATION:

My signature below certifies that the information provided above is true and correct to the best of my knowledge. I understand that the penalty for providing false or misleading information is a fine, prison sentence, or both.

Parent Signature

Date

Student Signature

Date

Return completed form to:

Blue Ridge Community and Technical College
Office of Student Financial Aid
400 W. Stephen St.
Martinsburg, WV 25401-3210
304/260-4380 Fax 304/260-4376
www.blueridgectc.edu