



Office of Student Financial Aid, 13650 Apple Harvest Drive, Martinsburg, WV 25403
304/260-4380 Fax 304/260-4376
www.blueridgectc.edu/financial\_aid finaid@blueridgectc.edu

SPECIAL CIRCUMSTANCES APPEAL
2013-2014

Student's Name: Student ID #: C

Address: Phone: ( )

All students applying for Special Circumstances are selected for verification and must provide:

- 2012 income tax transcript
2012 W2(s)
Verification Form
Detailed letter explaining the situation
Recent pay stubs with year-to-date earnings
A letter from employer stating your total earnings
Estimate of future income

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

Provide Documentation as Specified

Loss of income from work

- Period of unemployment from to
Layoff Letter from employer stating effective date and anticipated return
Plant closing Letter from employer stating effective date
Termination 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 Letter from employer stating effective date
Other Please specify and provide documentation

Loss of taxable income

- Alimony Court document(s) stating termination date
Worker's compensation Letter from Worker's Compensation stating termination date
Unemployment Letter from the unemployment office stating termination date
Other Please specify and provide documentation

Loss of untaxed income

- Social Security Social Security Administration notification of termination
Child support Letter or court documentation stating termination date
Other Please specify and provide documentation

- Divorce If you have divorced since filing your FAFSA, give only your information in the Income section of this form. Attach a copy of the divorce decree.
Separation If you have separated from your spouse since filing your FAFSA, give the date of separation and current address of spouse on a notarized letter. Give only your information in the Income section on this form. Attach supporting legal documentation of the separation.
One-time income Inheritance, moving expense allowance, prior year Social Security payments, lump sum retirement or IRA distributions, etc. 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 2012 calendar year that are not covered by insurance, provide a copy of Schedule A of the 2012 federal tax returns or a summary of unreimbursed medical expenses for 2012.

Report all **income** you have **actually** received from **January 1, 2013 through today**.

**Estimate** all income you **expect** to receive **today through December 31, 2013**.

You must attach documentation of all income which could include:

<b>Income for January 1, 2013 through December 31, 2013</b> <small>*wages, salaries, tips, net business/farm income</small>	<b>Actual January 1, 2013 through today</b>	<b>Estimated today through December 31, 2013</b>	<b>Total Actual + Estimated</b>
Expected 2013 income earned from *work by <b>Father</b>	\$	\$	\$
Expected 2013 income earned from *work by <b>Mother</b>	\$	\$	\$
Expected 2013 income earned from *work by <b>Student</b>	\$	\$	\$
Expected 2013 income earned from *work by <b>Student's spouse</b>	\$	\$	\$
Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment, capital gains, etc.) Source(s):	\$	\$	\$
Social Security Benefits	\$	\$	\$
AFDC/TANF	\$	\$	\$
Child Support Received or Paid	\$	\$	\$
Other Untaxed Income (earned income credit, worker's comp, IRA/ Keogh payments, etc.) Source:	\$	\$	\$
<b>Total estimated income for 2013</b>	\$	\$	\$

**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*  
 13650 Apple Harvest Drive  
 Martinsburg, WV 25403  
 304/260-4380 Fax 304/260-4376  
**[www.blueridgectc.edu/financial\\_aid](http://www.blueridgectc.edu/financial_aid) / [finaid@blueridgectc.edu](mailto:finaid@blueridgectc.edu)**