

2021-2022 Special Circumstances Appeal due to COVID-19

Office of Student Financial Aid

			С
Last Name	First Name	M.I.	BRCTC ID number
Address			Phone Number (include area code)
City	State	Zip Code	Email Address
		_	nizes that student and their families may have extenuating n (the Free Application for Federal Student Aid, FAFSA) does
Th	e last day for submissio	n of a 2021-2022 S	forms will begin after AFTER June 15, 2021. pecial Circumstance Appeal is March 21, 2022. accepted after this date.
<u>INSTRUCTIONS</u>			
To request a revi	ew of your extenuating	financial circumsta	nces related to COVID-19:
this form situation 2. Attach to	if you or your parents s, please reach out to o	have experienced our office. ation that supports	peal Form to the Financial Aid Office. NOTE: Only complete changes due to COVID-19. For other special circumstance syour extenuating financial circumstances. Appeals entation will be denied.
			FSA's Student Aid Report (SAR) is zero, do NOT submit this smatically awarded to students who have an EFC of zero.
	ying for a Special Circum		d for verification and must submit: 2020 Federal Tax Return, signed copy
2019 Fed	leral Tax Return, signed	copy or Data Retrie	eval Tool Type-written explanation of Special

Circumstance

□ 2019 & 2020 W-2 Forms for student, parent(s), spouse

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Last Name	First Name	M.I.	BRCTC ID Number	

<u>NOTE</u>: Only complete this form if you or your parents have experienced changes to <u>employment or incurred medical expenses due to COVID-19</u>. For other special circumstance situations, please reach out to our office at <u>finaid@blueridgectc.edu</u> to obtain our 2021-22 Special Circumstance Appeal Form

Please check the corresponding box and provide the additional documentation.

Check Box	Reason	Additional Required Documentation
	Decrease in student/spouse income from employment in 2021 due to COVID-19 Decrease in parent income from employment in 2021 due to COVID-19	Retirement Letter of separation from employer Copy of last pay stub showing earnings or most recent W-2 Statement of retirement benefits Loss of employment due to layoff or termination Copy of unemployment benefits OR statement of ineligibility Letter on employer company letterhead that states the last date of employment Documentation of severance/buy-out package and year-to-date income or recent W-2 Change in employment status, from full-time to part-time, or reduction in wages Letter on employer company letterhead with the change effective date Documentation of year-to-date income If you reduced work hours to attend school, provide a letter to explain
	Unreimbursed medical or dental expenses paid, as a result of COVID-	 Documentation for non-reimbursed medical or dental expenses paid, as a result of COVID-19 A copy of your IRS Schedule A, if filed Expenses must exceed 11.5% of your Adjusted Gross Income in order to make a difference in your Expected Family Contribution
	Death of supporting family member due to COVID-19	Proof of loss of supporting family member (e.g. death certificate or obituary notice dates after FAFSA was filed)

To return this form:

Mail: Office of Student Financial Aid, 13650 Apple Harvest Drive, Martinsburg WV 25403

Fax: 304-260-4376

Email finaid@blueridgectc.edu for a secure online portal link

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Household Information

Refer to the chart below to determine who you should include in your household size. Please note support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.

Independent Student	Dependent Student
You should list the following people within your household for whom you will provide more than half of their support between July 1, 2021 and June 30, 2022.	You should list the following people within your parent's household for whom your parent(s) will provide more than half of their support between July 1, 2021 and June 30, 2022.
 Yourself and Your spouse, if you are married and Your children and Other people if they now live with you 	 Yourself and Your parent(s) (including a stepparent) even if you do not live with your parents and Your parent(s) other children and Other people if they now live with your parent(s)

Include the name of the college for any household member, who will be enrolled, at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2021, and June 30, 2022.

Full Name	Age	Relationship	College Name	Will Be Enrolled at Least ½ Time?
John Smith (example)	29	Husband	Example University	Yes
		self	Blue Ridge CTC	

Incomplete appeals will be denied. We may request additional documentation. You will be notified via email, text, and/or BRIDGE.

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

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