

**Office of Student Financial Aid**

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Last Name	First Name	M.I.	BRCTC ID number
<hr/>			<hr/>
Address			Phone Number (include area code)
<hr/>			<hr/>
City	State	Zip Code	Email Address

**Review of Special Circumstance Appeal Forms will begin after AFTER June 15, 2023.**  
**The last day for submission of a 2023-2024 Special Circumstance Appeal is March 21, 2024. Appeals will NOT be accepted after this date.**

A Special Circumstances Appeal may be filed if you or your family have extenuating circumstances, which you believe warrant a re-evaluation of your financial aid. If the student's Estimated Family Contribution (EFC) is already zero, the appeal will not be reviewed due to the fact that the student is already eligible for the maximum federal financial aid available. Circumstances may include:

- Loss of employment or change in employment
- Loss or change in untaxed income (child support, Social Security or other benefits)
- Divorce or Separation – Independent students or parents of dependent student
- Death of parent(s) or spouse
- Unusual medical expenses (not covered by health insurance)
- One-time taxable income

All students applying for a Special Circumstance are selected for verification and must submit:

- |   |   |
|---|---|
| <input type="checkbox"/> 2023-2024 Standard Verification Worksheet                          | <input type="checkbox"/> 2022 Federal Tax Return, signed  |
| <input type="checkbox"/> 2021 Federal Tax Return, signed copy or Data Retrieval             | <input type="checkbox"/> copy Type-written explanation of |
| <input type="checkbox"/> Tool <b>2021 &amp; 2022 W-2 Forms for student, parents, spouse</b> | Special Circumstance                                      |

Please Check the corresponding box and provide the additional documentation

Check Box	Reason	Additional Required Documentation
<input type="checkbox"/>	<b>Loss of Untaxed Income</b> (child support, social security or other benefits)	<ul style="list-style-type: none"> <li>• If benefit terminated, provide documentation of monthly benefit amount and date of benefit termination</li> <li>If benefits reduced, provide documentation of original amount, date of reduction and reduced amount</li> </ul>

<input type="checkbox"/>	<b>Loss or Change in Employment</b>	<ul style="list-style-type: none"> <li>• Letter from former employer(s) stating the last date of employment</li> <li>• Copy of unemployment compensation letter or signed statement that you did not or will not receive unemployment benefits</li> <li>• Copy of last paystub(s) from former employer(s) and current employer(s), if applicable</li> <li>• Copy of DD214 if appeal is due to discharge from active military duty</li> </ul> <p><i>May be applicable:</i></p> <ul style="list-style-type: none"> <li>• Proof of severance package benefits</li> <li>• Proof of pension income</li> <li>• Proof of other income (1099, Roth IRS Statement)</li> </ul>
<input type="checkbox"/>	<b>Separation/Divorce of Student or Parent</b>	<ul style="list-style-type: none"> <li>• Copy of legal separation documentation</li> <li>• Proof of separate households (utilities, bills, etc)</li> <li>• Copy of final divorce decree</li> </ul>
<input type="checkbox"/>	<b>Death of parent or spouse</b>	<ul style="list-style-type: none"> <li>• Copy of death certificate</li> <li>• Copy of student's birth certificate/marriage certificate</li> </ul>
<input type="checkbox"/>	<b>Unusual Medical Expenses</b>	<ul style="list-style-type: none"> <li>• Proof of out-of-pocket payment (cancelled checks, credit card statements, receipts)</li> <li>• Copy of Schedule A from 2021 tax return to reflect itemization</li> </ul>
<input type="checkbox"/>	<b>One-Time Taxable Income</b>	<ul style="list-style-type: none"> <li>• Documentation to identify source of the one-time taxable income</li> <li>• Proof of how the funds were spent (cancelled checks, bank statements, etc)</li> </ul>

You must submit all requested documentation or your appeal will NOT be reviewed.

**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

**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](mailto:finaid@blueridgectc.edu)