



**Eastern WV Community and Technical College  
Financial Aid Office  
2020-2021 Special Circumstance Request**

Eastern WV Community and Technical College realizes families may experience unforeseen circumstances and/or expenses during an academic year. Use this form to address these unusual circumstances or expenses.

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Individual(s) with circumstance(s), check as appropriate:

\_\_\_\_ Father/Stepfather      \_\_\_\_ Mother/Stepmother      \_\_\_\_ Student      \_\_\_\_ Spouse

**Special circumstance is being filed as a result of:**

Check all circumstances that apply. Requests will NOT be processed without ALL required information.

<p>____ <b>Loss of Employment</b> (must be at least 10 weeks in Calendar Year 2018)</p>	<p>Required Information: 1. Letter of explanation of circumstances from student/parent 2. Last date of employment    /    / 3. Completed Section B on the reverse side of this form 4. Signed 2018 or 2019 Federal Tax Return Transcript from the IRS 5. Copy of last paycheck stub, with year-to-date earnings</p>
<p>____ <b>Reduction or Loss of Income</b> (Such as Unemployment Benefits, Workers Compensation, Child Support, Social Security Benefits, SSI, Untaxed Retirement Disability, Welfare, TANF, One Time Income, etcetera)</p>	<p>Required Information: 1. Letter of explanation of circumstances from student/parent 2. Last date of receipt of benefit/income    /    / 3. Completed Section B on the reverse side of this form 4. Signed 2018 or 2019 Federal Tax Return Transcript from the IRS 5. Copy of last paycheck stub, with year-to-date earnings</p>
<p>____ <b>Separation/Divorce</b></p>	<p>Required Information: 1. Letter of explanation of circumstances from student/parent 2. Date of separation/divorce    /    / 3. Completed Section B on the reserve side of this form 4. Signed 2018 or 2019 Federal Tax Return Transcript from the IRS 5. W2 for 2018 or 2019 to separate income.</p>
<p>____ <b>Death of Wage Earner</b></p>	<p>Required Information: 1. Date of death    /    / 2. Copy of death certificate 3. Completed Section B on the reserve side of this form 4. Signed 2018 or 2019 Federal Tax Return Transcript from the IRS 5. W2 to verify each income source</p>
<p>____ <b>Other Catastrophic Situation</b> (Such as medical expenses that were not reimbursed. Actual out of pocket payments must exceed 7.5% of adjusted gross income)</p>	<p>Required Information: 1. Submit a detailed letter explaining the situation and provide any necessary documentation 2. Completed Section B on the reserve side of this form 3. Signed 2018 or 2019 Federal Tax Return Transcript from the IRS</p>

**INSTRUCTIONS: Complete using ALL expected income from January 1, 2019 to December 31, 2020 of the person(s) with the special circumstance(s). You must submit documentation of ALL expected income. If filing this form for separation or death of a parent, use only your custodial parent's income.**

<b>2020 Taxed Income</b>	<b>Father</b>	<b>Mother</b>	<b>Student</b>	<b>Spouse</b>
Income Earned from Work	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Business or Farm Income	\$	\$	\$	\$
Pensions & Annuities	\$	\$	\$	\$
Taxed Interest/Dividend Income	\$	\$	\$	\$
Taxed Social Security Benefits	\$	\$	\$	\$
Other Taxed Income (pensions, alimony, rentals, etc.)	\$	\$	\$	\$
<b>Total 2020 Taxed Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<b>2020 Untaxed Income</b>	<b>Father</b>	<b>Mother</b>	<b>Student</b>	<b>Spouse</b>
Child Support Received	\$	\$	\$	\$
Untaxed Social Security Benefits	\$	\$	\$	\$
Workers Compensation	\$	\$	\$	\$
Welfare Benefits/TANF	\$	\$	\$	\$
Untaxed Portions of Pensions	\$	\$	\$	\$
Veterans Non-Education Benefits	\$	\$	\$	\$
Tax-Deferred Pension Payments	\$	\$	\$	\$
Deductible IRA/Keogh Payments	\$	\$	\$	\$
Tax Exempt Interest Income	\$	\$	\$	\$
Foreign Income Exclusions	\$	\$	\$	\$
Living Allowance for Clergy/Members of the Military	\$	\$	\$	\$
Any Other Untaxed Income	\$	\$	\$	\$
<b>Total 2020 Untaxed Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**By signing, I agree that the information provided is true and complete to the best of my knowledge. If requested, I agree to provide additional documentation. I further agree to notify the Eastern WV Community and Technical College Financial Aid Office of any error or omission in the above information, or of any further circumstances which affect the accuracy of the provided information.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Student's Spouse's Signature

\_\_\_\_\_  
Date

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