



Office of Financial Assistance
 PO Box 2900
 Mt. Gay WV 25637
 (304) 896 7060
 Financialaid@southernwv.edu

Special Condition – Financial Aid Office

Request for Special Consideration based on significant change in Financial Circumstances.

Student Information

Student Name:	Date of Birth:
Student ID:	Student Phone Number:
Student Email:	
Student Address:	
Parent's Name:	

This form is used to request special consideration based on significant changes to the financial circumstances. Please read the listed categories and check the one most applicable to you. You must provide documentation confirming the changes. If proof is not submitted, the request will be denied.

Basis for the Appeal

Person <i>(Please choose one of the Following)</i>	Circumstance	Effective Date	Date Income was Terminated
<input type="checkbox"/> Student	<input type="checkbox"/> lost their job, received unemployment compensation, or other untaxed income that has been completely exhausted	_____	_____
<input type="checkbox"/> Spouse	<input type="checkbox"/> no longer work due to a disability	_____	_____
<input type="checkbox"/> Parent	<input type="checkbox"/> my parents/student were separated or divorced <i>(Attach divorce decree or verification of separation)</i>	_____	_____
	<input type="checkbox"/> my parent/spouse is now deceased <i>(Attach death certificate)</i>	_____	_____
	<input type="checkbox"/> Other <i>(Please describe circumstance in the lines provided below)</i>	_____	_____

Additional Documentation

1. Fill out FAFSA based on the 2017 income.
2. Complete Special Condition Form
3. Copy of Tax Return Transcript for 2017 and 2018. *(visit www.irs.gov or call 1-800-908-9946)*
4. Copy of parent/student W-2 forms for 2017 and 2018
5. Student Verification Form
6. Last two Paystubs
7. Layoff Letter
8. Letter from Unemployment with amount of benefits receiving.



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Must be completed by applicant:

Estimated income for the 2018 calendar year. (Estimate total amounts.)

1. Number of family members in your household during July 2018-July 2019: _____
2. Number of family members in college (**at least 6 hours**) during 2018-2019: _____

Expected 2017 earned income:	Amount	Source
Student	\$	
Spouse	\$	
Father	\$	
Mother	\$	

Expected 2017 untaxed income:	Amount
Social Security Benefits	\$
Worker's Compensation	\$
Welfare/TANF	\$
Child Support	\$
Other <i>(Please Specify)</i>	\$

Agreement and Understanding

By signing this special condition form, you certify that all of the information reported on this form is true and accurate to the best of your knowledge. If requested, you agree to provide proof of the information that you have reported on this form.
WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. Typed, copied, or electronic signatures will not be accepted.

Student Signature:	Date:
Parent Signature (Dependents Only):	Date:

NOTE: Documentation must be provided to support the income information you have reported on this form. If documentation is not submitted along with this form, your special conditions will be denied.

For more information visit: www.southernwv.edu

#FINDYOURDIRECTION

Southern WV Community & Technical College is accredited by The Higher Learning Commission. AA/EO/ADA Institution. Southern is an Affirmative Action/ADA/Equal Opportunity Employer. Southern does not discriminate on the basis of race, color, national origin, ethnicity, sex, disability, age, religion, gender, sexual or gender orientation, marital status, and veteran status in the administration of any of its educational programs, activities, or with respect to admission or employment. Faculty, staff, students, and applicants are protected from retaliation from filing complaints or assisting in an investigation. Please contact the following concerning inquiries regarding non-discrimination policies and complaints: Title IX Coordinator-Darrell Taylor 304.896.7432; Affirmative Action Officer-Doug Kennedy 304.896.7408; Section 504 ADA Coordinator-Dianna Toler 304.896.7315