



Office of Financial Aid

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Wise, VA 24293

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www.uvawise.edu/financial-aid

Students and Families:

Prior to submitting an appeal for special circumstances, please read the following important information:

- Before we can process a request for consideration of special circumstances, we must verify all current FAFSA data. In order to complete this process, you must submit the following verification documents:
 - Signed and completed Verification Worksheet and all income/tax return documents referenced in the worksheet. This form is available under "Forms and Scholarship Applications" at www.uvawise.edu/financial-aid.
- Please be aware that as we review the verification documents, we must make any necessary corrections to the FAFSA. These corrections may result in a reduction or loss of current need based financial aid.
- Once we receive your appeal, please allow 4 weeks for processing

Unless previously submitted, we must receive all Verification documents at the time the appeal for special circumstances is submitted. Failure to provide these documents will result in one or more of the following:

- A delay in awarding financial aid
- A delay in any expected financial aid refund
- The loss of previously awarded financial aid

Please review the attached Appeal for Special Circumstances form which lists other items necessary to appeal for your specific situation. Please do not return this form without including all completed and signed verification paperwork.

Sincerely,

Office of Financial Aid

Financial Aid Appeal for Special Circumstances

The University of Virginia's College at Wise Office of Financial Aid
One College Ave., Wise, VA 24293 (276) 328-0139 FAX (276) 376-1095

STUDENT'S NAME: _____

Last four digits of SSN: _____

The Free Application for Federal Student Aid (FAFSA) must be submitted before adjustments for special circumstances can be made. The student named above has indicated that special or unusual circumstances affect the family's ability to contribute to the student's education. Completing this information and documentation does not guarantee an offer of additional assistance. It also does not guarantee a change in eligibility for financial assistance. Financial difficulty resulting from consumer debt cannot be considered.

*** REQUIRED FOR ALL APPEALS ***

- A signed, detailed letter written by the student or parent describing the reason for the
- Signed and completed Verification Worksheet, 1040 Tax Return, and W2s.
- Any additional documentation listed

SECTION A: PLEASE CHECK THE APPROPRIATE BOX BELOW WHICH BEST DESCRIBES YOUR SITUATION

Divorce/Separation/Marriage of Student or Parent (Attach separation/divorce agreement and W-2's of both parents on joint tax return)

- Who is separated/divorced/married? _____
- Date of separation/divorce/marriage: _____
- Who do you live with now? _____
- How many family members are in the household now? _____

Death of a Spouse or Parent (Attach death certificate and complete the loss of income "Section B" on the next page)

- Name of deceased: _____
- Relationship to you: _____
- Date of death: _____

Parent(s) in College (Attach documentation from Admissions office or Registrar to verify attendance as a degree seeking student and the year of attendance)

- Name of Parent(s) in college: _____ Are they enrolled in a degree seeking program of study? Yes No
- Name of College or University: _____
- Number of credit hours enrolled in for the current year? _____

Partial support for someone who does not live in your home (Attach itemized expenses on a separate sheet and any supporting documentation)

- What kind of support are you providing? _____
- Name and relationship of person(s) you are providing support for: _____ What is the total annual amount of support you are providing? _____

Elementary/Secondary Education and Dependent Care expenses (Attach copy of a bill or statement to verify extra expenses)

- Did you pay for elementary or secondary or dependent care expenses? _____
- Family member for which the extra expense was for: _____
- Amount of extra expense: _____
- Will this expense be the same this year? Yes No

Extraordinary Medical Bills (In excess of 11% of adjusted gross income. Official documentation including a copy of Federal tax return Schedule "A" and/or copies of bills must be included with other required documents.)

- Annual cost of insurance premiums: _____
- Annual amount paid for doctors visits, dentists visits, prescriptions, etc. not reimbursed by insurance: _____ Estimated expense of other costs related to medical conditions: _____

Reduction of Income/Benefits – Student and/or Parent (Attach letter from previous employer stating last date of employment and year to date earnings and complete the loss of income "Section B" on the next page)

- Loss of income: Whose? _____ When? _____
- Change of Employment: Who? _____ When? _____
Why? _____
- Loss of Benefit: (Do Not Include Social Security Benefits) What benefit? _____ Why? _____

Dependency Status Appeal

The twelve (12) questions on Step three (3) of the Free Application for Federal Student Aid determine dependency status; however, there may be special circumstances which may qualify an otherwise dependent student as independent for the purpose of receiving financial aid:

- Circumstances **NOT** qualifying a student for a dependency status change:
 - Parents refuse to contribute to the student's education;
 - Parents are unwilling to provide information on the FAFSA or for verification;
 - Parent's do not claim the student as a dependent for income tax purposes;
 - Student demonstrates total self-sufficiency.
- Circumstance which **may** qualify a student for a dependency status change:
 - Total abandonment by parent (not parent/student disagreements)
 - Abusive parent household forcing student to be removed from residence
- Students who believe they qualify for a dependency status change in accordance with the information above must provide the following documents:
 - A signed, detailed letter from student explaining their extenuating circumstances, including relationship with both natural parents, and how they plan to support themselves and their educational expenses.
 - Two (2) separate letters from independent sources who can attest first hand to the student's circumstance. Preferably, at least one of the letters will be from a person in a position of authority (i.e. high school counselor, clergy). The letters must be detailed and include each person's individual relationship to the student and as much information about the student's circumstances as possible. Identical letters will not be accepted.
 - In the case of abusive household, court papers or an official written statement from Department of Social Services will be accepted in lieu of letters from independent sources.

SECTION B: Demonstrate how your family income has changed to the best of your ability. Complete ALL categories that pertain to your situation in both categories (previous year and current year expected).

If special circumstances apply due to divorce/separation of parents or death of a parent, report only your living parent's portion of the income information.

INCOME SOURCE	Previous Year Annual Income	Current Year Expected/Estimated Income
Student wages (full year)		
Student's Spouse wages (full year)		
Mother/Stepmother's wages (full year)		
Father/Stepfather's wages (full year)		
Child Support received (full year)		
Unemployment compensation		
Severance Pay		
Disability Benefits		
Clergy or Military housing benefit		
Pension		
IRA Distribution		
Other		
Total		

Do Not Include:

- * JTPA benefits
- * Veterans' Educational Benefits (e.g. GI Bill, VEAP, etc.)
- * Money from student financial aid
- * Payments received from states for foster care and adoption assistance
- * Any income reported elsewhere on this form under Title IV-A or IV-E of the Social Security Act
- * Non-monetary gifts received from friends or relatives

All of the information on this form is true and complete to the best of my knowledge. I understand that if I purposely give false or misleading information on this form, I may be subject to a \$10,000 fine, a prison sentence, or both.

Student Signature/ date

Parent Signature/ date