

2026-27 Special Circumstance Form

Student Name: _____ Student ID#: _____

This form should be used to explain changes in your family situation, or to explain special situations that are not captured in the Free Application for Federal Student Aid (FAFSA) form that you have previously submitted for this year. Sec. 479A of the Higher Education Act of 1965, as amended, authorizes Financial Aid Resources and Planning Services office to use professional judgment, on a case-by-case basis, for students with “**special circumstances**” that affect a family’s ability to pay for a college education.

Examples of special circumstances include a reduction in income or benefits due to layoff, business closure or job change, unusually high medical and dental expenses paid out of pocket, or unusual circumstances not covered in the FAFSA.

Examples of **ineligible** circumstances include car payments, credit card debt, medical insurance premiums, mortgages, or rent, Chapter 7 personal bankruptcy, home equity loans, parents not helping with college costs.

The Manager of Financial Aid Resources and Planning Services is expected and required to make reasonable decisions that support the intent of the provision. The school is held accountable for all professional decisions made and for fully documenting each decision. The decision of the Manager is final; there is no appeal process to the U.S. Department of Education.

Please note that this form does not guarantee that your request will be approved, or that you will be eligible for additional aid. In some cases, professional judgment adjustments made to the FAFSA do not result in significant changes to the Student Aid Index (SAI) and, therefore, do not change a student’s financial aid package.

Follow the steps below and return this form with the appropriate documentation to the address above or email it to grandallj@westernnc.edu. Notification of the decision by the Financial Aid Resources and Planning Services Manager will be sent to the student’s email address.

DO NOT SUBMIT THIS APPEAL FORM UNTIL AFTER JUNE 30, 2026

For Office Use Only

Verification: YES NO

Verification Complete: Yes N/A

Reviewers Notes:

Approved: Yes No No Follow up

Current SAI: _____ New SAI: _____

Reviewer Initials: _____

Date: _____

Special Circumstances—please check the box representing your family’s situation, as listed below, and provide the requested documents in addition to a detailed statement outlining your family’s special circumstance.

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Loss or reduction of employment (Student or Parent of Dependent Student)

- ✓ Statement from employer explaining termination/decrease in hours.
- ✓ Most recent (or final) pay stubs demonstrating this change along with previous paystubs showing typical income.
- ✓ If applicable, information on severance payments from employer
- ✓ If applicable, unemployment benefit statement
- ✓ 2025 Federal Tax Return, including all schedules and W-2 Forms

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Loss of benefits such as Social Security Benefits, Child Support, Unemployment Benefits, etc.

- ✓ Copy of benefit termination notice and the amount of benefits received in 2025 and/or 2026.
- ✓ Copy of divorce decree indicating the last date of child support.
- ✓ Copy of unemployment compensation letter or if you will not be receiving unemployment, a signed statement that you will not receive unemployment.

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One-time income in 2024 (pension payout, inheritance, employer reimbursements)

- ✓ Documentation of distribution and explanation of one-time payout

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Other Special Circumstances

- ✓ Indicate in your detailed statement the special circumstance that does not meet any of the others listed and provide documentation.

Please help us understand more about your financial situation by detailing it here or attaching additional sheets.

Certification and Signature

My signature below certifies that the information I have provided on this form is true. I agree to provide proof of the information if and/or when requested. I understand that the penalty for providing false or misleading information is a \$20,000 fine, a prison sentence, or both.

Student Signature: _____ Date: _____

Spouse of Student Signature (if married): _____ Date: _____

Parent Signature (if applicable): _____ Date: _____