



Financial Aid Office Extenuating Circumstance Form

Extenuating circumstance: A situation which impacts the family's ability to afford educational costs beyond the family's control such as loss of employment, parental change of income, and extensive medical expenses not covered by insurance.

Full Name of Student:

First Middle Last

Student ID Number: _____

Full Name of Legal Parent:

(If applicable) _____
First MI Last

Submitted Date: _____

Please list reasons why you are requesting extenuating circumstances for recalculation of financial aid eligibility (You may attach an 8x11 inch sheet of paper for more details.). You will be institutionally selected to complete the Verification Process (audit of FAFSA information reported). **Please provide signed copies of student and spouse/ parent's federal tax returns (no state returns), W2s, K1s, schedules and appropriate Verification Work Sheet** (download from VWC website under "Downloads"). **Please provide any additional documentation to support your claim.**

Is the extenuating circumstance, due to a change in employment? Yes / No

If yes, what is your last date of employment, change of employment, and income reduction or retirement?

What is your anticipated annual/yearly income?

(Please, provide any current documentation, such as paystubs, or employment verification and current earnings).

Will you/are you receiving any unemployment benefits? If so, submit official/signed documentation to support how much per month and how many months will you be eligible for?

Is the extenuating circumstance a result of a medical reason? Yes / No If so, please provide medical verification from your physician, and submit official/signed documentation to support medical bills that were not covered under insurance for the past six months

The Financial Aid Office will evaluate your request for extenuating circumstances; however additional documentation may be required to determine whether or not there will be a change in your financial aid eligibility. Once all required documents have been received, please allow up to two weeks for our final decision.

I affirm that the information reported on this form and any attachments hereto is true, complete, and accurate to the best of my knowledge. I understand that any false statement or misrepresentation will cause for denial, reduction, withdrawal, and/or repayment of financial aid and may subject the filer(s) to a fine or imprisonment, or both under the provision of the U.S. Criminal Code.

Student's Signature _____ Date: _____

Parent's Signature: (If applicable) _____ Date: _____

Financial Aid Committee Decision: _____

Financial Aid Representative _____ Date: _____