

VICTORIA COLLEGE

Financial Aid Special Circumstances Request 2017-2018

Name: _____ Student ID#: _____

Victoria College recognizes that special circumstances may affect a student's eligibility for federal financial aid. This request form is designed to document such information for review by the VC Financial Aid Office. Complete all sections of this form and submit it to us **WITH THE APPROPRIATE DOCUMENTATION INDICATED.** Please allow up to four (4) weeks for our review process and decision. Decisions are final and are based upon your specific documentation and the regulations established by Department of Education. You will be notified of the results by an email to your VC Pirate Portal account. **Note: Not all adjustments may lead to additional eligibility for aid. Only those circumstances listed below will be considered.**

Requests will not be reviewed until we receive all of the required documentation.

Documents Required for ALL Requests:

- Typed and signed letter explaining your circumstances
- A 2017-2018 Dependent or Independent Verification Worksheet
- 2015 **and** 2016 IRS Income Tax Return Transcripts (if applicable) including spouse and/or parents
- All 2015 **and** 2016 W-2's/1099's

Section I. Financial Aid File

In order to be considered for Special Circumstances you must have a valid, verified financial aid file.

Have you completed the 2017-2018 FAFSA? _____ Yes _____ No

(If No, please complete at www.fafsa.gov)

Section II. Reason for Request

Check the appropriate reason for your request. Attach requested documentation.

_____ 1) **Loss of employment or substantial loss of income**

Last date of employment or date lost income: _____

Currently unemployed? _____ Yes _____ No

Unemployment benefits? _____ Yes Amount \$ _____ _____ None

Name of person losing income: _____

Relationship to student: _____

Required documents:

Letter of separation from employer

Proof of unemployment and amount receiving for 2016

Most recent pay stub if worked during 2016 (student and spouse or parents if dependent)

Expected 2016 income: _____

_____ 2) **Loss of Social Security Benefits, Child Support, Other**

Type of income lost: _____

Name of person losing the benefit: _____

Relationship to student: _____

Date loss of income became effective: _____

Amount of benefit lost: \$ _____ per month

Required documents:

Social Security Administration Notification of Termination of Benefits **OR**

Court Documentation stating termination of benefits **OR**

Documentation of Other income lost

_____ 3) **Divorce or Separation from spouse**

Date of separation or divorce: _____

Required documents:

Provide a copy of the divorce decree or complete the Victoria College Marital Separation form with proof of separation

Provide documentation of income for 2016 (including spouse)

_____ 4) **Death of Spouse or Parent**

Date of death: _____

Required documents:

Copy of death certificate

_____ 5) **Excessive medical expenses not covered by insurance**

Type of expense (medical/dental/nursing home, etc.): _____

Medical bills must exceed 11% of the student's 2015 and/or 2016 adjusted gross income

Required documents:

Original medical expenses with patients name and date of service

Amounts paid or to be paid by insurance

Receipts of bills paid by the student and/or parents

_____ 6) **Catastrophic Event in 2015 or 2016**

Type of event: _____

Official report, invoices and receipts of expenses paid by the family not covered by insurance

Copy of statements from the insurance company of any paid or denied claims

Circumstances NOT eligible for a Special Circumstance Request:

Lifestyle choices including:

Credit card debt

Mortgage or car payments

School loans

Bonus income, lottery or gambling winnings

Bankruptcy proceedings

Reduction in over-time pay

Other miscellaneous expenses

Section III. Certification Statement

All relevant or required information and/or documentation must be attached for request to be reviewed.

By signing below, I affirm that all information contained in or attached to this request for a review of my financial aid eligibility are true and correct to the best of my knowledge. I affirm that I have not knowingly or intentionally provided false statements and/or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, this request will be denied and that any eligibility for federal and state aid may be suspended or cancelled. I understand that the Victoria College Financial Aid Office reviews Special Circumstance Requests on a case-by-case basis and varying circumstances affect a student's ability to have adjustments made. I understand that it is my responsibility to submit all documentation requested prior to having my Special Circumstance Request reviewed.

I understand that any fees I may owe Victoria College are due on the date specified regardless of the status of my Special Circumstance Request.

Student Signature

Date

Parent/Spouse Signature

Date

Return completed form and documents to:

Victoria College
Financial Aid Office
2200 E. Red River Street
Victoria, TX 77901
Fax (361) 572-6493