



## 2022-2023 Special Circumstances Request

Financial Aid Office, P.O. Box 917, Henderson, NC 27536

Telephone: (252) 738-3280, Fax: (252) 738-3388, Email: [fao@vgcc.edu](mailto:fao@vgcc.edu)

Federal regulations authorize the Financial Aid 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 that is not reflected in the information provided on the FAFSA. Each file submitted will be reviewed and notification of the decision will be provided to the student within 15 college working days. All documentation submitted is confidential. The official notification will be emailed to your VGCC email address. The Financial Aid Office’s decision is final and no further action can be taken. Please complete all sections and return to the Financial Aid Office with required documentation. Additional documentation may be requested, if necessary.

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### Student Information:

_____	_____	_____	_____
Last Name	First Name	M.I.	VGCC Student ID Number
_____			_____
Address			Date of Birth
_____	_____	_____	_____
City	State	Zip Code	Phone Number (with area code)
_____			_____ (c) _____ (w)
Email address			Other Phone

### Identify the Special Circumstance(s)—please check all that apply:

#### Changes in Family’s Reported Income

- Loss or reduction of earnings of student/family member due to: unemployment, death, disability, termination of child support, etc.
- Loss or reduction of untaxed income or benefit(s) of student/family member due to: unemployment, death, disability, termination of child support, etc.
- Divorce of student or student’s parents
- Parent/Spouse is called to active duty in the armed forces

#### One-time Taxable Income

- Proceeds of a sale of farm or business assets if the sale resulted from a voluntary or involuntary foreclosure, forfeiture, or bankruptcy or an involuntary liquidation
- Early distribution of IRA or retirement plans

#### Other Expenses

- \_\_\_\_\_
- \_\_\_\_\_



**Submit the following documentation with this form:**

	Student	Parent	Spouse
<input type="checkbox"/> Letter explaining special circumstance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Federal Tax Return_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Federal Tax Transcript_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> W-2s and 1099 forms_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Final paystub from prior job that ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (3) Most recent paystubs from current employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Employment termination notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physician’s statement of disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Employer disability payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Worker’s compensation statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unemployment benefit statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Benefit provider’s loss of benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Investment/stock statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Separation agreement or divorce decree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Death certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Independent Verification Worksheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dependent Verification Worksheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Certification Statement:** I/We certify that the information provided is true, complete, and correct to the best of my/our knowledge. I/We understand that false statements or misrepresentations are cause for denial, reductions, withdrawals, and/or repayment of financial aid. I/We also understand that this information will be used in accordance with Federal guidelines and may or may not result in adjustments to the student’s financial aid eligibility.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Spouse Signature

\_\_\_\_\_  
Date



**Letter of Explanation:**

Please use this section to provide a detailed explanation of the circumstances that have led to the need for this professional judgment. Attach additional pages and documentation if necessary. ***(Please print clearly)***

**Financial Aid Office Use Only**

**Date Received:** \_\_\_\_\_ **Verification Complete:** \_\_\_\_\_

**Professional Judgment Decision:** *Approved* *Denied* **New EFC:** \_\_\_\_\_

**E-mail Notice Sent:** \_\_\_\_\_ **FAO Staff Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_