

**2015-2016 SPECIAL CIRCUMSTANCE APPLICATION**

Name: \_\_\_\_\_ SS # \_\_\_\_\_ Student ID # \_\_\_\_\_

**A REQUEST FOR SPECIAL CIRCUMSTANCES WILL NOT BE ACCEPTED UNLESS THE STUDENT/PARENT(S) HAVE FILED A 2014 INCOME TAX RETURN OR PROVIDE DOCUMENTATION OF BEING NOT REQUIRED TO FILE AN INCOME TAX RETURN.**

**DEADLINES: Fall Semester-October 15<sup>th</sup>, Spring Semester-March 1<sup>st</sup>, Summer Semester-June 10<sup>th</sup>.**

A. REQUIRED: Please write a brief explanation regarding your special circumstances (if more space is needed, attach a separate page).

B. Before an income adjustment can be made you must provide complete information regarding your estimates of the change in financial situation for you, your spouse, or your parent(s). Please provide the best possible estimate for Jan. 1, 2014 through Dec. 31, 2015 (see guidelines)

<b>ESTIMATED TAXABLE INCOME FOR 2015</b>	YOU	YOUR SPOUSE	YOUR FATHER	YOUR MOTHER
How much will be earned from work				
How much other taxable income will there be (Interest, Dividends, Business income, Unemployment, etc.)				
TOTAL ESTIMATED 2015 TAXABLE INCOME				
<b>ESTIMATED UNTAXED INCOME AND BENEFITS FOR 2015</b>				
Social Security Benefits				
Aid for Families with Dependent Children (AFDC or TANF)				
Other untaxed income and benefits (Child Support, Workers Compensation, Etc.)				
TOTAL ESTIMATED 2015 UNTAXED INCOME AND BENEFITS				
<b>ACTUAL AMOUNT OF UNUSUAL EXPENSES THAT HAVE BEEN PAID IN 2015</b>				
Expense Type:				
Expense Type:				
Less amount paid by insurance				
NET AMOUNT 2015 UNUSUAL EXPENSES (TOTAL EXPENSES LESS INSURANCE)				

CERTIFICATION: All information on this form is true and complete to the best of my knowledge. If asked by an authorized official I agree to give proof of the information I have given on this form. I realize that if I do not give proof when asked, this request may not be processed for financial aid. **Warning: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.**

Student's Signature _____	Date _____	Spouse's Signature _____	Date _____
Father's Signature _____	Date _____	Mother's Signature _____	Date _____

Return to: Weatherford College 225 College Park Dr Weatherford, TX 76086	<b>Office Use Only:</b> Action Taken:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Letter Sent _____
	Cmte mbrs: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	_____ <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	_____ <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	_____ <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

COMMENTS:

**2015-2016 SPECIAL CIRCUMSTANCE GUIDELINES**  
**PLEASE READ CAREFULLY BEFORE COMPLETING APPLICATION**

The Weatherford College Financial Aid Office has the authority to make professional judgement allowances in regard to students who have unusual and special circumstances that could affect their ability to pay for their education. If you feel you meet any of these categories or have other unusual circumstances, please complete the following, and return to Weatherford College Financial Aid Office at the address shown on the bottom of the application.

**A 2014 TAX RETURN TRANSCRIPT FROM IRS, and WC Verification Worksheet are required before your request will be considered**

**ALL DOCUMENTATION LISTED ABOVE AS NEEDED FOR YOUR SPECIAL CIRCUMSTANCE MUST BE TURNED IN AT ONE TIME. NO INCOMPLETE APPLICATIONS WILL BE ACCEPTED.**

1. Income reduction must be at least 25% of prior year's income (Dislocated worker, loss of job or benefits) – **Documentation Required:** ■ Letters from prior employers, stating termination dates and 2015 earnings-to-date on official letterhead, signed and dated; final paystub ■ Letters from any current employers, stating expected earnings for 2015 on letterhead, signed and dated; most recent paystub ■ Unemployment recap showing amount of benefits received and the expected unemployment to receive in 2015 OR a notarized statement indicating no benefits received or expected to be received in 2015. Severance or retirement package recap showing amount of benefits received or a notarized statement indicating no benefits received or expected to be received in 2015.

***NOTE: The decision to voluntarily quit a job to attend school full-time, or to take a job offering lower pay and/or fewer hours constitutes a conscious choice, and is not a circumstance beyond the student's control. Therefore, these circumstances may not qualify for special consideration. If the program you are enrolling in is requiring you to quit your full-time job, you must bring documentation from the program director for verification.***

2. Elementary/Secondary Tuition Costs – **Documentation Required:** ■ Receipts of tuition payments
3. Medical/Dental Expenses NOT Covered By Insurance – **Documentation Required:** ■ Cancelled checks or receipts showing amount paid with statement from insurance company showing expenses were not reimbursed  
**NOTE: Medical and dental expenses up to 11% of the family's income are already taken into account by the federal needs analysis form when determining financial aid eligibility. Therefore, only the portion of expenses which exceed 11% will be considered unusual.**
4. Death of a spouse or parent – **Documentation Required:** ■ A death certificate, an obituary notice, or a notarized statement from an unrelated third party
5. Loss of untaxed income – **Documentation Required:** ■ A copy of a letter from the agency that provided benefits, detailing termination of benefits, and copies of summaries of benefits
6. Disability of student, spouse, or parent – **Documentation Required:** ■ Medical documentation of disability and of any benefits received as a result of the disability ■ Income from all sources for 2015
7. Add parent(s) as college student(s), attending at least half-time between July 1, 2015 and June 30, 2016 – **Documentation Required:** ■ A Letter of Intent from the parent(s) stating what program they are working towards and why ■ Signed Degree Audit from the college parent(s) is/are attending with current class schedule (Estimated income for 2015 is not necessary)
8. Other unusual circumstances not covered above. **Documentation requirements will be determined by an authorized financial aid official**

**ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY FINANCIAL AID STAFF TO COMPLETE YOUR REQUEST FOR SPECIAL CONSIDERATION. FAILURE TO COMPLY WILL RESULT IN THE DENIAL OF REQUEST.**

**You will be notified in writing of the committee's final, non-appealable decision.**