

Financial Aid Special Circumstances Request

2022-2023

Name:	Student ID#:
aid. This reque Complete all s INDICATED are based upon will be notifie	ge recognizes that special circumstances may affect a student's eligibility for federal financial est form is designed to document such information for review by the VC Financial Aid Office. sections of this form and submit it to us WITH THE APPROPRIATE DOCUMENTATION Description Please allow up to four (4) weeks for our review process and decision. Decisions are final and your specific documentation and the regulations established by Department of Education. You do fithe results by an email to your VC Pirate Portal account. Note: Not all adjustments may onal eligibility for aid. Only those circumstances listed below will be considered.
Reques	its will not be reviewed until we receive all of the required documentation.
Documents	Required for ALL Requests:
• A 2 • 202	ped and signed letter explaining your circumstances 2022-2023 Dependent or Independent Verification Worksheet 20 <u>and</u> 2021 IRS Income Tax Return Transcripts (if applicable) including spouse and/or parents 1 2020 <u>and</u> 2021 W-2's/1099's
Section I. I	Financial Aid File
In order to be	considered for Special Circumstances you must have a valid, verified financial aid file.
Have yo	ou completed the 2022-2023 FAFSA? Yes No
(If No, j	please complete at www.studentaid.gov)
Section II.	Reason for Request
Check the app	propriate reason for your request. Attach requested documentation.
1)	Loss of employment or substantial loss of income Last date of employment or date lost income: Compatible was an algorithm. No
	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 2021 Most recent pay stub if worked during 2022 (student and spouse or parents if dependent) Expected 2022 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
	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 2021 (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 2020 and/or 2021 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 2020, 2021 or 2022
	Type of event:
	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

<u>Circumstances NOT eligible for a Special Circumstance Request</u>:

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