



## 2018-2019 Unusual Circumstances Appeal Form

NORTH CAROLINA WESLEYAN COLLEGE  
3400 North Wesleyan Boulevard  
Rocky Mount, North Carolina 27804

### SUBMISSION DEADLINES:

FALL 2018 APRIL 1, 2018 – AUGUST 31, 2018

SPRING 2019 NOVEMBER 30, 2018 – FEBRUARY 1, 2019

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s) Name (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Indicate below the reason for your request for a professional judgment consideration. Attach additional pages if there is not enough space on this form to explain your situation. You must document your reason for appeal and submit non- returnable copies of your documentation (See information sheet). All requests submitted without documentation will not be considered. Please complete, sign and submit this form with the required documentation to the Financial Aid Office. **Please allow 2-4 weeks for a response.** We will send a Decision Letter via the email address you have provided or by mail. Please note that all decisions are final.

### Reason for Appeal

- Dependency status override
- Loss of income/benefits or change in source of income
- Parent  Student  Student's Spouse
- Medical and dental expenses not covered by insurance and PAID in 2017
- Private elementary and secondary education tuition expenses
- Death of parent/spouse
- Divorced or separated:  Parent  Student
- Other extenuating circumstances
- Disability

**PLEASE NOTE: IF YOUR EXPECTED FAMILY CONTRIBUTION (EFC) IS ZERO (0), DO NOT SUBMIT AN UNUSUAL CIRCUMSTANCES FORM.**

UNUSUAL CIRCUMSTANCES INFORMATION SHEET

**Professional Judgment Guidelines:**

The Financial Aid Administrator may take into account a student’s unusual circumstances to make adjustments to the application data elements used to calculate the expected family contribution (EFC) and/or change a student’s dependency status, according to federal guidelines set by the U.S. Department of Education. These adjustments only affect need-based aid.

- You must document your reason for appeal and submit non-returnable copies of your documentation to the Financial Aid Office.
- Any request submitted without documentation will not be considered.
- Please allow 2-4 weeks for a response. We will send notice of our decision to you via email or U.S. postal mail.
- Please note that all decisions are final.

**Data Element Adjustments:**

We may make adjustments to the application data elements if the student can document a change in financial circumstances due to the reasons listed below.

- 1. Loss or significant change in income: Parent/Student/Student’s Spouse:**
  - Submit proof of prior-year income and 2018 expected income. If there is a loss of income, submit proof of income loss. Unemployment must have occurred at least 10 weeks prior to the submission of this form and resulted in a loss of at least 20% of income.
- 2. Excessive medical and dental expenses:**
  - A written explanation of expenses
  - Copies of cancelled checks, paid receipts of medical/dental payments, or both 2016 and 2017 Federal Tax Returns, including Schedule A.
- 3. Elementary/Secondary tuition for dependent children:**
  - Submit a letter from the school on official letterhead documenting tuition paid for the prior-year. Do not include other fees.
- 4. Death of a parent or spouse:**
  - Submit a copy of the death certificate.
  - Both 2016 and 2017 W-2 Forms and signed Federal Tax Return Transcripts for student and supporting parent (if dependent student).
- 5. Divorce/Separation after the FAFSA has been filed:**
  - Submit a copy of the divorce decree
  - Both 2016 and 2017 W-2 Forms and signed Federal Tax Return Transcripts for student and supporting parent (if dependent student).
- 6. Other extenuating circumstances:**
  - Submit a letter explaining your special circumstances. Submit as much proof as possible to support your reason for appeal.

We will **not** consider consumer debt (e.g., auto loans, credit card payments) as a condition for professional judgment consideration.

**Student’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent’s Signature (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved**  **Denied** **Director’s Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Return this form by one of the following means:  
Take to the Office of Financial Aid, mail to Office of Financial Aid 3400 N. Wesleyan Blvd Rocky Mount, NC 27804, fax to 252-985-5109, or email to [financialaid@ncwc.edu](mailto:financialaid@ncwc.edu)