

2023-2024 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

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.

Student Inform	nation:			
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	
disability, terLoss or reduunemploymeDivorce of st	mination of child ction of untaxed	d support, etc. I income or be ility, terminatio t's parents	mily member due to: unemployment, death, nefit(s) of student/family member due to: on of child support, etc.	
One-time Taxa				
 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 				
•	ution of IRA or re			
Other Expense	<u>s</u>			

Revised Date: 01/26/2023/FAO



Submit the following documentation with this form: Student Parent Spouse Letter explaining special circumstance Federal Tax Return_____ Federal Tax Transcript W-2s and 1099 forms _____ Final pay stub from prior job that ended (3) Most recent pay stubs from current employer Employment termination notice П Physician's statement of disability Employer disability payments Worker's compensation statements П Unemployment benefit statements Benefit provider's loss of benefit Investment/stock statements П Separation agreement or divorce decree Death certificate Independent Verification Worksheet П Dependent Verification Worksheet П П 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.

Parent or Spouse Signature

Date

Revised Date: 01/26/2023/FAO

Date

Student Signature



Letter of Explanation:

Please use this section to provide a detailed explanation of the circums need for this professional judgment. Attach additional pages and document (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:	
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