



2022-2023 Special Circumstance Request Catastrophic Expenses

West Virginia State University realizes families may experience unforeseen circumstances and/or expenses during an academic year. Use this form to address these unusual circumstances or expenses.

Student Name: _____ Student ID#: _____

Email Address: _____ Telephone Number: _____

On a case-by-case basis, a financial aid adviser may review family changes after the FAFSA has been submitted. If a major change occurs in your financial situation, you may submit a request for our office to review your situation.

Your request will only be considered if you are able to demonstrate a minimum of a 30% reduction in household income. Please contact the Office of Student Financial Aid if you are unsure if you meet this qualification. Individual(s) with circumstance(s), check as appropriate:

Father/Stepfather Mother/Stepmother Student Spouse

<p><input type="checkbox"/> Excessive Medical/Dental Expenses Not Covered by Insurance</p> <ul style="list-style-type: none"> • Must Exceed 11% of Adjusted Gross Income 	<p>Required Information:</p> <ol style="list-style-type: none"> 1. Letter of explanation of circumstances from student/parent 2. Date expenses occurred / / 3. Copies of medical/dental bills and documentation confirming that payment arrangements have been made
<p><input type="checkbox"/> Unusual Debts (other than discretionary purchases)</p>	<p>Required Information:</p> <ol style="list-style-type: none"> 1. Letter of explanation of circumstances from student/parent 2. Date expenses occurred / / 3. Copies of bills and documentation confirming that payment arrangements have been made
<p><input type="checkbox"/> Private School Tuition Expenses for Education Elementary/Secondary</p>	<p>Required Information:</p> <ol style="list-style-type: none"> 1. Letter of explanation of circumstances from student/parent 2. Date expenses occurred / / 3. Copies of bills and documentation confirming that payment arrangements have been made

By signing, I agree that the information provided is true and complete to the best of my knowledge. If requested, I agree to provide additional documentation. I further agree to notify the Office of Student Financial Aid and Scholarships at West Virginia State University of any error or omission in the above information, or of any further circumstances which affect the accuracy of the provided information. I understand failure to comply with this agreement could result in forfeiture of financial aid eligibility of the student.

Student's Signature

Date

Parent/Student's Spouse's Signature

Date