Many students feel that they, and their families, may have a special condition that could change their eligibility for financial aid. The United States Department of Education provides for the use of professional judgment in determining eligibility for financial aid. This provision allows for consideration of projected year income, rather than prior year income, to calculate a student’s eligibility. If your situation has changed drastically from the information you provided on the 2016-2017 Free Application for Federal Student Aid (FAFSA), and your situation falls into one of the categories listed below, you may submit a special conditions appeal with the required documents to support your claims of special circumstances. The Financial Aid Office will evaluate the information that you have submitted on your FAFSA, and then will evaluate the documents you submit for your appeal to determine if you are eligible for financial aid adjustments.

There are a limited number of situations that qualify as special conditions according to federal financial aid regulations. Please read the information below to determine if you should file a special condition appeal. The special condition appeal can only be submitted after the school receives the original FAFSA information. Also, please be aware that in the majority of cases, eligibility for the special condition adjustment does not increase the student’s eligibility for grants, nor does it increase the total amount of aid that can be awarded. The adjustment usually only changes non-need based loans to need based loans, or may result in no change to aid eligibility. **Be aware that if you receive a North Carolina Grant, it may be reduced or lost because it is based on your original expected family contribution (EFC).**

If you meet one of the conditions listed below, you may submit the appropriate special condition appeal form and all required documentation. Appeal forms for loss of employment income and tuition for a special needs child will be available July 1, 2016. Due to the complexity of special condition appeals, please allow sufficient time for us to review your information. You must satisfy your semester bill even if your special condition review is not yet complete at the time payment is due or you will risk cancellation of your course registration. You will be notified if we determine that we need additional information in order to complete the review of your appeal.

Special condition appeals for loss of employment income submitted and/or not completed until after January 1, 2017 must include signed copies of 2016 federal tax transcripts, W-2 forms, and 1099 forms.

Special condition appeals submitted without the required documentation will not be considered.

The deadline to file a special condition appeal for 2016-2017 is April 11, 2017.

**The only conditions that may merit the use of a special condition appeal:**

**Dependent Students**

- Loss of an untaxed benefit during 2016 (Social Security, child support, unemployment, disability)  Form 402
- Loss of income due to separation/divorce or death of parent after the FAFSA was completed  Form 403
- Extraordinary medical expenses paid during 2015 in the household where the student resides  Form 404
- (AVAILABLE JULY 1, 2016) Tuition for a special needs child  Form 405
- (AVAILABLE JULY 1, 2016) Parent’s loss of employment income during 2016 for at least 10 consecutive weeks (can’t use reduced income, change in jobs, or loss of self employment income)  Form 401
  **Note:** If the job loss occurs after September 1, 2016 and the parent receives severance and/or unemployment compensation, there will likely be little to no change in the expected family contribution and an appeal should be filed for the following year if the parent has not gained employment prior to July 1, 2017.

**Independent Students**

- Loss of an untaxed benefit during 2016 (Social Security, child support, unemployment, disability)  Form 412
- Loss of income due to separation/divorce or death of spouse after the FAFSA was completed  Form 413
- Extraordinary medical expenses paid during 2015 in the household where the student resides  Form 414
- (AVAILABLE JULY 1, 2016) Tuition for a special needs child  Form 415
- (AVAILABLE JULY 1, 2016) Student or spouse’s loss of employment income during 2016 for at least 10 consecutive weeks (can’t use reduced income, change in jobs, or loss of self employment income)  Form 411
  **Note:** If the job loss occurs after September 1, 2016 and the individual receives severance and/or unemployment compensation, there will likely be little to no change in the expected family contribution and an appeal should be filed for the following year instead if the individual has not gained employment prior to July 1, 2017.
Extraordinary Medical Expenses Paid
Dependent Student  2016-2017

Student's ID Number: ______________________________ Email: ______________________________

Student's Name: ______________________________ Cell Phone #: ______________________________

Mailing Address: ___________________________________________

Extraordinary medical expenses PAID in 2015 that are not subject to reimbursement by insurance or that are reported on federal tax return as itemized deductions

**Required documentation:**

- Signed letter explaining circumstances
- Copy of 2015 federal tax return and federal tax return transcript for parents, Schedule A
- Copy of 2015 federal tax return and federal tax return transcript for student (if applicable), Schedule A
- Copy of pay stub(s) showing insurance premiums paid in 2015
- Copies of patient paid receipts for medical expenses not included on federal tax transcript Schedule A

Note: Instructions for obtaining a federal tax transcript can be found at [www.wcu.edu/finaid](http://www.wcu.edu/finaid).

**Signatures**

I swear under penalty of perjury all of the information contained in this application is true to the best of my knowledge. I understand that providing intentionally false or misleading information in attempt to obtain federal financial aid can result in a fine and/or incarceration.

I understand that failure to provide the required documentation may result in denial of this application. I understand that additional documentation may be requested and that I will provide all requested documentation.

☐ By checking this box and signing below, we (student and parent) understand that if the student is receiving a Pell Grant or any of the North Carolina state grants, there is a possibility that these grants could be increased or decreased based on the award revision.

Print Student’s Name ______________________________ Student’s Signature ______________________________ Date

Print Father’s Name ______________________________ Father’s Signature ______________________________ Date

Print Mother’s Name ______________________________ Mother’s Signature ______________________________ Date