



Office of
Financial Aid

2024-2025 Special Circumstances Appeal Form

NORTH CAROLINA WESLEYAN UNIVERSITY

3400 North Wesleyan Boulevard
Rocky Mount, North Carolina 27804

Appeals must be submitted while currently enrolled at NCWU in 2024-25.

Appeals may not be submitted for previous years.

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

Reason for Appeal—Please check one or more reasons.

- Loss of income/benefits or change in source of income
- Medical and dental expenses not covered by insurance and PAID in 2023
- Private elementary and secondary education tuition expenses
- Death of parent/spouse
- Divorced or separated: Parent Student
- Disability
- Documented financial hardship created by additional family members enrolled in college
- Other extenuating circumstances

PLEASE NOTE: IF YOUR STUDENT AID INDEX (SAI) IS ZERO (0), DO NOT SUBMIT A SPECIAL CIRCUMSTANCES FORM AS THE STUDENT IS ALREADY AWARDED THE MAXIMUM AMOUNT OF NEED- BASED AID.

Special Circumstance Guidelines:

The Financial Aid Administrator may consider a student's special circumstances to adjust the application data elements used to calculate the student aid index (SAI), according to federal guidelines set by the U.S. Department of Education. **These adjustments only affect need-based aid.**

- Please submit a written explanation of your reason for appeal and submit non-returnable copies of your documentation to the Financial Aid Office.
- Upon review of submitted documentation, we may request additional documentation.
- 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 adjust 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 2023 income and 2024 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 2022 and 2023 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 2022 and 2023 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 2022 and 2023 W-2 Forms and signed Federal Tax Return Transcripts for student and supporting parent (if dependent student).
- 6. Documented financial hardships created by additional family members enrolled in college:**
 - Submit an explanation of how having multiple family members attending college during the same award year constitutes a special circumstance for this student.
 - Receipts for tuition payments from additional family member(s); signed, itemized statement of expenses; financial aid offer from additional family member(s).
- 7. Other extenuating circumstances:**
 - Submit a letter explaining your special circumstances. Submit as much proof as possible to support your reason for appeal.

Student's Signature: _____ **Date:** _____

Parent's Signature (if applicable): _____ **Date:** _____

Director's Signature: _____ **Date** _____

Approve **No adjustment made**

Return this form and documentation 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@ncwu.edu