

BridgeValley Community and Technical College
Financial Aid Office
2024-2025 Special Circumstance Request

BridgeValley Community and Technical College realizes families may experience unforeseen circumstances and/or expenses during an academic year. Use this form to address these unusual circumstances or expenses.

The U.S. Department of Education allows financial aid offices to adjust certain income and data items on your FAFSA in cases where your financial situation may have changed. This is called “professional judgement”. These situations are called “Special Circumstances” and may include one of the following:

- A reduction in income due to changes in employment from last year to this year
- Change in marital status due to divorce or separation
- Death of a primary wage earner
- Excessive medical/dental expenses not covered by insurance
- Unusual debts (other than discretionary purchases)
- Private school tuition expenses for elementary or secondary education

Student Information:

Student’s Last Name	First Name	M.I.	Student’s ID Number (B#)
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Student’s Street Address (include apt. no.)	City	State	Zip Code
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Student’s Email Address	Student’s Home Phone Number
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Individual(s) with special circumstance(s), check as appropriate:

Father/Stepfather

Mother/Stepmother

Student

Student’s Spouse

SECTION A:

Check the box for the situation that best represents your special circumstance. You must provide documentation for each item listed in the Required Information box to the right of the box you check.

<p>____ Loss of Employment or Funding</p> <ul style="list-style-type: none"> • Recent Unemployment • Unemployment Benefits End • Social Security Benefits End • Child Support Payments End • Other 	<p>Required Information:</p> <ol style="list-style-type: none"> 1. Letter of explanation of circumstances from student/parent 2. Last date of pay / / 3. Signed 2022 Federal Tax Return Transcript from the IRS 4. Copy of last paycheck stub, or statement with year-to-date earnings
<p>____ Reduction or Loss of Income</p> <ul style="list-style-type: none"> • Change of Employer • Change to income or assets • Non-Reoccurring Income 	<p>Required Information:</p> <ol style="list-style-type: none"> 1. Letter of explanation of circumstances from student/parent 2. Last date of receipt of benefit/income / / 3. Signed 2022 Federal Tax Return Transcript from the IRS 4. Copy of last paycheck stub, with year-to-date earnings
<p>____ Change in Household Size</p> <ul style="list-style-type: none"> • Separation • Divorce • Death of Wage Earner 	<p>Required Information:</p> <ol style="list-style-type: none"> 1. Letter of explanation of circumstances from student/parent 2. Date of separation/divorce/Death / / 3. Signed 2022 Federal Tax Return Transcript from the IRS 4. Divorce Decree, Legal Separation Agreement, or Death Certificate
<p>____ 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>____ 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>____ Private School Tuition Expenses for Elementary/Secondary Education</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

SECTION B:

INSTRUCTIONS: Complete using ALL expected income from **January 1, 2024 to December 31, 2024** of the person(s) with the special circumstance(s). You must submit documentation of ALL expected income. If filing this form for separation or death of a parent, use only your custodial parent's income.

2024 Taxed Income	Father	Mother	Student	Spouse
Income Earned from Work	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Business or Farm Income	\$	\$	\$	\$
Pensions & Annuities	\$	\$	\$	\$
Taxed Interest/Dividend Income	\$	\$	\$	\$
Taxed Social Security Benefits	\$	\$	\$	\$
Other Taxed Income (pensions, alimony, rentals, etc.)	\$	\$	\$	\$
Total 2024 Taxed Income	\$	\$	\$	\$

2024 Untaxed Income	Father	Mother	Student	Spouse
Child Support Received	\$	\$	\$	\$
Untaxed Social Security Benefits	\$	\$	\$	\$
Workers Compensation	\$	\$	\$	\$
Welfare Benefits/TANF	\$	\$	\$	\$
Untaxed Portions of Pensions	\$	\$	\$	\$
Veterans Non-Education Benefits	\$	\$	\$	\$
Tax-Deferred Pension Payments	\$	\$	\$	\$
Deductible IRA/Keogh Payments	\$	\$	\$	\$
Tax Exempt Interest Income	\$	\$	\$	\$
Foreign Income Exclusions	\$	\$	\$	\$
Living Allowance for Clergy/Members of the Military	\$	\$	\$	\$
Any Other Untaxed Income	\$	\$	\$	\$
Total 2024 Untaxed Income	\$	\$	\$	\$

SECTION C:

In order to document how the household was maintained in 2024, please complete this form as accurately as possible for the household in which you currently reside. Do not leave any fields blank.

Current Expenditures:

1. What is the monthly cost of housing (rent, mortgage)? _____

From what income source is this paid? _____

If your household did not have this expense, explain why _____

Independent Students: Is your name on the lease or mortgage? Yes No

2. What is the monthly cost of utilities (electric, gas, water, phone, cable)? _____

From what income source is this paid? _____

If your household did not have this expense, explain why _____

Independent Students: Are the utilities in your name? Yes No

3. What is the monthly cost of food? _____

From what income source is this paid? _____

If your household did not have this expense, explain why _____

4. What is the monthly cost of car payments/insurance and transportation costs? _____

From what income source is this paid? _____

If your household did not have this expense, explain why _____

5. What is the monthly cost of clothing, personal needs, and misc.? _____

From what income source is this paid? _____

6. What is the monthly cost of medical expenses and/or health insurance? _____

From what income source is this paid? _____

Resources:

List any cash support you (the student) received/will receive or money that has been/will be paid on your behalf during the 2024 year, which was not included in Section B of this form. Include the source of that income.

Example: \$ 1000 from Parents, monetary gift

\$ _____ from _____

\$ _____ from _____

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 BridgeValley Community and Technical College Financial Aid Office 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

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