PLEASE NOTE: You must have filed a 2012-2013 Free Application for Federal Student Aid (FAFSA) and have received your results BEFORE submitting this form. All appeals must contain supporting documentation. **Unsigned, incomplete or inadequately documented forms will not be considered.** Submission of an appeal does not imply your request will be approved. **Appeals should be submitted as soon as possible, but no later than mid-term of the semester for which the student is requesting aid.**

Financial need is partially based on the student’s and his/her family’s gross annual income for the previous tax year. If your income has recently decreased or you have special financial issues that were not taken into account on your FAFSA, we may be able to re-evaluate your financial need based on your projected gross income for the 2012 tax year (January 1, 2012 to December 31, 2012). For dependent students we consider income for the student and parents. For independent students, we consider income for the student and, if married, the spouse.

You will be notified in writing of the Appeal Committee’s decision. **Allow 30 days for review.** Additional time may be needed for review if the Financial Aid Office requests additional information. If we are able to make adjustments, we will submit corrections to your FAFSA data. If you qualify for additional aid based on your adjusted financial need, we will award the additional aid when the correction process is complete. This correction process could take up to two more weeks, depending on the time of year.

**WHAT IS A “SPECIAL CIRCUMSTANCE”?**

Special circumstances are usually defined as unexpected events or situations beyond your control. Examples include: inheritance, loss of employment, reduction in hours, loss of benefits such as Social Security or child support, disability, separation or divorce of parents after filing the FAFSA, death of a spouse or parent after filing the FAFSA.

**WHAT IS NOT ELIGIBLE FOR APPEAL?**

- Routine personal living expenses (car payments, insurance, credit card bills, mortgage/rent)
- Unusual personal living expenses (wedding costs, legal expenses)
- Reduction in overtime pay
- Bankruptcy
- One-time income from gambling earnings

**INSTRUCTIONS**

★★ Complete this form only if your family’s gross income has decreased at least 20% from what it was the previous year.

Complete the appropriate section(s) based upon your family’s special circumstances. If you are dependent, you must provide information for yourself and your parent(s). If you are independent, you must provide information for yourself (and your spouse if you are married).

Submit completed form with required documentation to:

WNCC Financial Aid Office • 1601 E. 27th Street • Scottsbluff, NE 69361
(308) 635-6011 • fax (308) 635-6732
In addition to completing this form and providing all situation-specific supporting documentation, all appeals must include the following documentation:

- A typed (or neatly hand-written), signed statement explaining your family’s special circumstances
- Signed copy of your 2011 Federal Income Tax Return and W-2 forms
- Signed copy of your spouse’s 2011 Federal Income Tax Return (if married) and W-2 forms
- Signed copy of your parents’ 2011 Federal Income Tax Return (if dependent) and W-2 forms
- A copy of the most recent pay stub from each employer
- Verification of all untaxed income received in 2011
- Complete the Estimated Income Worksheet on page 4
- Appeals submitted after 12/31/12 must include signed copies of 2012 Federal Income Tax Returns and W-2 forms

*Please note that omitting required documentation may cause delays in your appeal’s review or your appeal may be denied.

Section A: Reason for Income Change Appeal (check all that apply)

- **A. Unemployment or reduction of hours or wages**
  
  Student, spous or parent who worked in 2011 is now unemployed or has had work hours and/or wage rate reduced.

  **Required documentation:**
  
  - Copy of last pay stub(s) from previous employer(s)
  - Copy of letter from employer on letterhead verifying the release from employment or reduction in hours/wages, the date the change became effective and the duration of the reduction if temporary
  - Notice of eligibility or denial for unemployment benefits
  - Copy of disability benefit statement if applicable

- **B. Medical or dental expenses**
  
  You, your spouse or parent made payments for expenses not covered by insurance. Medical expenses for which you received no insurance or other reimbursement must exceed 11% of the family’s taxable income in order to be considered for appeal.

  **Required documentation:**
  
  - Submit copies of receipts or billing statements showing amounts for which you received no insurance or other reimbursement, as well as documentation of payment.
  - Total medical expenses for which you received no insurance or other reimbursement(s):
    
    $__________________.
C. Retirement
Student, spouse or parent who worked in 2011 has retired.

Required documentation:
- Copy of last pay stub(s) from previous employer(s)
- Copy of retirement benefit statement
- Letter from previous employer on letterhead stating last date of employment

D. Death of spouse or parent
Spouse or parent passed away after the FAFSA was filed.

Required documentation:
- Copy of death certificate, obituary, or funeral program

E. Separation or divorce of parents
Student’s parents were married when the FAFSA was filed, but has now separated or divorced.

Required documentation:
- Court documentation verifying legal separation or divorce, or letter from attorney documenting that legal proceedings have begun

F. Reduction or loss of support or benefits
Student, spouse or parent received support or benefits in 2011 that have been terminated or reduced. Support or benefits may include: worker’s compensation, unemployment benefits, child support, Social Security benefits, pensions, etc.

Required documentation:
- Last check stub or printout of benefit received
- Letter from agency on letterhead verifying the date and amount of benefit lost

G. One-time income
Student, spouse or parent received non-recurring income in 2011 from a pension, IRA, annuity, inheritance, settlement, etc.

Required documentation:
- Copy of form 1099 or other statement from paying agency showing the one-time income
- Explain why the one-time income is not available for education expenses; include documentation

H. Other
You, your spouse, or parent has other unusual circumstances not listed above.

Required documentation:
- Explain the circumstances in detail, including the impact on your ability to pay for your educational expenses
- Attach supporting documentation of the circumstances

Section B: Family’s Special Circumstances

Whose income decreased (check all that apply)?

- Student
- Student’s spouse
- Student’s mother
- Student’s father

What date did the change in circumstance occur? _____ / _____ / _____

*Attach a typed, signed personal statement explaining, in as much detail as possible, why you are requesting a change in income. Please list dates and provide appropriate documentation. Be as detailed as possible about the change in your circumstances.
### Section C: Estimated Income Worksheet

The following sections require you to provide **your expected income for 2012**. Please provide figures for the entire year; do not report hourly or monthly wages or income. Include all income received from January 1, 2012 until now, and estimate amounts to be received from now until December 31, 2012.

**Do not leave any line blank. List the yearly amount you expect to receive in 2012. If no income is expected to be received from the specific source listed, you MUST write “$0”**.

<table>
<thead>
<tr>
<th>Type of income</th>
<th>Parent/stepparent projected 2012 income</th>
<th>Student/spouse projected 2012 income</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Taxable income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student’s/father’s income from work</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Spouse’s/mother’s income from work</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Taxable interest income</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Taxable pensions/annuities</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Unemployment compensation</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Taxable portion of Social Security</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Severance pay</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Alimony/spousal support</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Other</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td><strong>Untaxed income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security benefits (SSI/SSDI)</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Welfare benefits or ADC/TANF</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Pensions/annuities (exclude rollovers)</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Worker’s comp/employer disability</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Child support received</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>IRA / KEOGH contributions</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Untaxed interest income</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Other</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
</tbody>
</table>

**After completing this form, provide all required signatures, attach supporting documentation and submit the information to our office. If any information or documentation is missing or incomplete, your reduction in income request will NOT be processed.**

**Student Certification:**

By signing below, I/we agree to provide additional information or documentation deemed necessary by the Financial Aid Appeal Committee. I/we further certify that all information contained on the appeal form and in the supporting documentation is true and correct to the best of my/our knowledge. If any of the figures used on this form change, I/we accept the responsibility for contacting the Financial Aid Office in writing with the corrected information. Purposely providing false or misleading information can result in fines, imprisonment, or both.

<table>
<thead>
<tr>
<th>Student signature:</th>
<th>Date:</th>
<th>Spouse signature:</th>
<th>Date:</th>
<th>Parent signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(if applicable)</td>
<td></td>
<td>(if applicable)</td>
<td></td>
</tr>
</tbody>
</table>