



Send completed form to:
WILLISTON STATE COLLEGE
FINANCIAL AID OFFICE
1410 UNIVERSITY AVENUE
WILLISTON, ND 58801
701.774.4248
wsc.financialaid@willistonstate.edu

2024-2025 Special Circumstance Request - Independent

Student Name: _____ Student ID: _____

WSC Email: _____ Phone Number: _____

- Deadlines:**
- September 13, 2024** – Students only enrolled for Fall/Spring semester
 - January 31, 2025** – Students only enrolled for Spring semester
 - June 18, 2025** – Students only enrolled for Summer session

Please be aware that submitting an appeal does not guarantee an adjustment will be made.

Special consideration may be available if your Spouse’s current financial situation is not accurately reflected by the 2022 tax information reported on your FAFSA. You must submit a signed detailed letter explaining the situation and required documentation as outlined below. All documents must be completed before the Special Circumstance Committee will review the file.

- Checklist for ALL appeals:**
- Student 2023 **Federal Tax Return (signed) or Tax Return Transcript**
 - Spouse’ 2023 **Federal Tax Return (signed) or Tax Return Transcript**
 - Select Circumstance in **Section A**
 - Copies of student 2023 W-2’s
 - Copies of Spouse’(s) 2023 W-2’s
 - Signed letter detailing circumstances

Section A: *Check all circumstances you would like to be considered and submit required documentation.*

Criteria for Consideration:	You must provide:
<input type="checkbox"/> Death of Spouse (must have occurred AFTER January 1, 2023). Name of Deceased: _____ Date of death: ___/___/___	<input type="checkbox"/> Copy of Death Certificate or Obituary
<input type="checkbox"/> Spouse divorce/separation (must have occurred AFTER January 1, 2023). Date of separation or divorce: ___/___/___ Will child support be paid or received? YES ___ NO ___ If yes, as of what date will the payments begin? Date: ___/___/___	<input type="checkbox"/> Copy of Divorce Decree or letter from attorney
<input type="checkbox"/> <u>Permanent</u> and total disability of Spouse (must have occurred AFTER January 1, 2023). Date: ___/___/___ Relationships: _____	<input type="checkbox"/> Copy of statement of disability from physician or determining agency
<input type="checkbox"/> Spouse has retired, been unemployed for at least 12 weeks or has experienced a change in employment status which will result in an income reduction AFTER January 1, 2023. Date: ___/___/___ Relationships: _____	<input type="checkbox"/> Unemployment Documentation (if applicable) <input type="checkbox"/> Documentation of situation <input type="checkbox"/> Copy of last pay stub
<input type="checkbox"/> Untaxed income has ceased or been reduced. Date: ___/___/___ Type of income: _____	<input type="checkbox"/> Documentation of ceasing or reduction

This form should be completed and returned to the Financial Aid Office if you, or your Spouse, has incurred an unusual expense or unusual circumstance.

Who incurred the unusual expense or circumstance: Student _____ Spouse _____

DOCUMENTATION

Supporting documentation that verifies your unusual expense or unusual circumstance must be attached. Forms submitted with incomplete documentation will not be processed.

Please check off your unusual circumstances from the list below. See the back of this form for the required documentation for each circumstance.

- | | |
|--|---|
| <input type="checkbox"/> Childcare Expenses | <input type="checkbox"/> Housing costs |
| <input type="checkbox"/> Computer Purchase | <input type="checkbox"/> Commuting expense |
| <input type="checkbox"/> Death of a Spouse' | <input type="checkbox"/> Separation or divorce |
| <input type="checkbox"/> Loss of Benefits | <input type="checkbox"/> Liquidation or Foreclosure of Assets |
| <input type="checkbox"/> Roth IRA rollover | <input type="checkbox"/> Loss of Income/Employment |
| <input type="checkbox"/> Spouse' enrolled in college | <input type="checkbox"/> Medical Expenses |
| <input type="checkbox"/> Elementary/secondary school tuition expense | <input type="checkbox"/> Other |

LOSS OF INCOME/EMPLOYMENT (Complete this section if your Special Circumstances includes a loss of income AND your 2024 income will be less than your 2022 income.)

Projected income from January 1, 2024, to December 31, 2024	Student	Spouse Income Spouse Name: _____
2024 Gross Earnings from Work	\$	\$
2024 Unemployment Benefits	\$	\$
2024 Child Support Received	\$	\$
2024 Worker's Compensation	\$	\$
2024 Other Income	\$	\$

All the information provided by the undersigned is true and complete to the best of my/our knowledge. I/we further understand that purposely giving false or misleading information to obtain student financial aid may subject me/us to fines and other penalties.

Student signature

Date

Spouse Signature

Date

IMPORTANT: All attachments (letters of explanation, etc.) must be signed, dated, and reflect the name and student ID number of the student. Your appeal will be evaluated at the earliest available date. Please allow a minimum of two to four weeks for processing this form.

Unusual Circumstance	Documentation
Child Care Expense	Letter listing: <ul style="list-style-type: none"> • Name and age of dependent(s) • Hourly rate paid • Total monthly cost • Name & address of provider
Housing Costs	1. Copy of rental agreement or mortgage payment 2. Copy of most recent monthly utility bills
Computer Purchase	Copy of purchase order or receipt for purchase of a computer (purchased between August 2022 and May 2023)
Commuting Expense	Letter listing: <ul style="list-style-type: none"> • Number of miles traveled each day and how many days you travel • Where you are traveling from
Death of a Spouse'	1. Letter listing: <ul style="list-style-type: none"> • Relationship of deceased to the student 2. Copy of obituary 3. Copy of 2022 federal tax return and W2's
Separation or Divorce	1. Letter listing: <ul style="list-style-type: none"> a. Revised Spouse' members 2. Copy of divorce decree or proof of separation 3. Copy of 2022 federal tax return and W2's
Loss of Benefits	1. Letter listing: <ul style="list-style-type: none"> • Whose benefit(s) was terminated • Amount of benefit(s) received for last two years • Reason for termination 2. Copy of document from provider stating termination 3. Copy of 2022 Federal tax return and W2's
Liquidation or Foreclosure	1. Letter listing: <ul style="list-style-type: none"> • Type of asset liquidated • Gross sales proceeds • List of where proceeds were applied 2. Copy of foreclosure notice 3. Copy of 2022 federal tax return and W2's
Roth IRA Rollover	1. Copy of documents from investment agency verifying the rollover of pension or IRA to a Roth IRA 2. Copy of 2022 federal tax return and W2's
Loss of Employment	1. Letter listing <ul style="list-style-type: none"> • Who lost employment • Reason for loss of employment • Income earned and untaxed income (Worker's Compensation, unemployment benefits, disability benefits, etc.) to date of termination (per family member) • Projected income and untaxed income to the end of 2024 2. Copy of last pay stub from all employers for 2024 3. Copy of 2023 federal tax return and W2's
Spouse Enrolled in College	Letter listing: <ul style="list-style-type: none"> • Name of Spouse is enrolled • Number of enrolled credits • Statement from their college stating the Spouse is enrolled ½ time or greater in a degree-granting program
Medical Expenses	1. Letter listing: <ul style="list-style-type: none"> • Who incurred the expense(s) • List of medical expenses incurred (only paid bills will be considered) 2. Copy of Explanation of Benefits from insurance provider. 3. Copy of medical bills
Elementary/Secondary School Tuition	Letter listing: <ul style="list-style-type: none"> • Person for whom tuition is being paid • Copy of tuition contract