Special Circumstances Form 2023-2024

Wentworth strives to provide the most suitable financial aid package based upon the information provided to our office. We make every effort to provide assistance to all students who qualify. Please be aware that all financial aid awards are need-based.

You may request a review of your financial aid package if there is a change in your family’s circumstances or if there is an unusual situation that your family may be facing. Federal guidelines are very strict pertaining to special circumstances.

- Loss of additional or untaxed income on the FAFSA (i.e., child support or alimony received)
- Medical or dental expenses exceeding 11% of your income protection allowance.

Special Circumstances do not include the following:

- Student or parent(s) who does not wish to borrow to cover educational expenses.
- Parent(s) refusal to contribute to educational expenses.
- Parent(s) payment of student loans for older sibling.
- Expenses such as credit card debt, wedding expenses, sports, enrichment activities, etc.

The review process may have two steps.

1) The first step is verification of the family’s FAFSA. For information on completing the verification process please visit: https://wit.edu/admissions/financial-aid/verification.
2) The second step is to complete the Special Circumstances form and provide the required documentation. Please complete all sections of the Special Circumstance form as completely and accurately as possible. Your file will not be reviewed until all documentation is submitted.

Once the verification is complete and all documentation is submitted, the review will take approximately 10 to 15 business days to complete. Additional processing time may be needed if more information is required. Your Financial Aid Counselor will update you on the decision.
Student’s Name __________________________ (WIT ID) # __________________

This request for review is for (please check all that apply):

☐ Parent 1  ☐ Parent 2
   Name: __________________________   Name: __________________________

☐ Student __________________________  ☐ Spouse __________________________

COMPLETE ALL SECTIONS THAT APPLY TO YOUR CIRCUMSTANCES.

Please check the reason(s) for the change in income from actual 2020 to projected 2022 income.

1. ☐ Loss of job/change of income for (step) mother/(step) father (complete section 1, 9 and 10)
2. ☐ Loss of job/change of income for student or spouse (complete section 1, 9 and 10)
3. ☐ Medical/Dental expenses (complete section 2, 9 and 10)
4. ☐ Divorce/Separation in family for student or parents (complete section 3, 9 and 10)
5. ☐ Death of parent/spouse (complete section 4, 9 and 10)
6. ☐ Disability of student/spouse (complete section 5, 9 and 10)
7. ☐ Loss of “one time” income (e.g. inheritance, back pay from social security, rollover to IRA/pension) (Complete section 6, 9 and 10)
8. ☐ Loss of child support or alimony (complete section 7, 9 and 10)
9. ☐ Loss of small family business (complete section 8, 9 and 10)
10. ☐ Other, please describe below (complete section 9 and 10)

Section 1

If loss of job or change in income, please complete the following section

The date of the loss of employment ____________

2023 projected earnings for the year for (step) father ____________

2023 projected earnings for the year for (step) mother ____________

All other taxable income (e.g. interest income, severance pay, unemployment compensation, disability, etc.) ____________

Projected nontaxable income (e.g. child support, social security, etc.) ____________

Disbursement of retirement fund ____________

Section 2

If medical/dental expenses, please complete the following

Out of pocket medical/dental expenses paid for the household for 2021 ____________

Please note, you will need to provide a detailed, itemized list or actual receipts of direct payments you made.

Premiums and insurance payments do not count.
Section 3

There has been a divorce/separation in the family

The custodial parent is now (circle one): mother/father Name of custodial parent ________________

Please attach copy of legal separation or divorce documentation

Indicate the number of family members now in the household ______

Indicate the number of family members now in college _____ (Do not include your parents in number in college)

Section 4

Death of parent or spouse

Name of the deceased _________________________________________

Date of the death ____________________________________________

Please attach proof of death

Please attach any life insurance benefits

Section 5

Disability of student/parent/spouse

Name of the person receiving disability ____________________________

Date the disability started ______________________________________

Please provide additional proof (e.g. letter, end of the year statement, etc.)

Section 6

Loss of “one time” income (for example, inheritance, moving expenses, back pay from social security rollover to IRA/pension account).

What was the one time income? ________________________________

What was the one time income used for and please explain why it is not available for educational purposes:

__________________________________________________________________________

Please attach documentation supporting one-time income

Section 7

Loss of child support or alimony

Date you received __________________ and amount $ ______________ per month.

Date the support or alimony stopped _____________________________

If child support, name of children you are no longer receiving child support for ________________________________

Do you receive child support for other children? ________________________________

Please attach proof of loss of child support or alimony.
Section 8

**Loss of Income/Revenue for Small Family Business**

Name of the business __________________________________________

Date the business closed ________________________________

2021 IRS Schedule C;

2021 Taxes and W-2;

Copy of 2021 IRS SE

Section 9

Please explain in detail the circumstance(s) listed above on a separate piece of paper

Section 10

**CERTIFICATION:** I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that if I do not provide proof of the information on this form to the Financial Aid Office the student will not be evaluated for special circumstances. I understand that outstanding charges must be paid by the due date regardless of submission of this form.

Parent's Signature ___________ Date _____

Student's Signature ___________ Date ___________