

**WORKFORCE EDUCATION GRANT (WEG) SPECIAL CIRCUMSTANCE**

The Weatherford College Workforce Education Office has the authority to make professional judgement allowances in regard to students who have unusual and special circumstances that could affect their ability to pay for their education. If you feel you meet any of these categories or have other unusual circumstances, please complete the following, and return to Weatherford College Workforce Education Office at the address shown on the bottom of the WEG Special Circumstance Form.

**A request for Special Circumstances will not be accepted unless the student/parent(s) have filed a 2018 income tax return or provide documentation of not being required to file an income tax return.**

**DEADLINE: 15 Days Before Class Start Date**

**1**. Income reduction must be at least 25% of prior year’s income (Dislocated worker, loss of job or benefits) – **Documentation Required:** Letters from prior employers, stating termination dates and 2019 earnings-to-date on official letterhead, signed and dated; final paystub Letters from any current employers, stating expected earnings for 2019 on letterhead, signed and dated; most recent paystub Unemployment recap showing amount of benefits received and the expected unemployment to receive in 2018 OR a notarized statement indicating no benefits received or expected to be received in 2018. Severance or retirement package recap showing amount of benefits received or a notarized statement indicating no benefits received or expected to be received in 2019.

***NOTE: The decision to voluntarily quit a job to attend school full-time or to take a job offering lower pay and/or fewer hours constitutes a conscious choice, and is not a circumstance beyond the student’s control. Therefore, these circumstances may not qualify for special consideration. If the program you are enrolling in is requiring you to quit your full-time job, you must bring documentation from the program Coordinator for verification.***

**2.** Death of a spouse or parent – **Documentation Required:** A death certificate, an obituary notice, or a notarized statement from an unrelated third party

**3.** Loss of untaxed income – **Documentation Required:** A copy of a letter from the agency that provided benefits, detailing termination of benefits, and copies of summaries of benefits

**4.** Disability of student, spouse, or parent – **Documentation Required:** Medical documentation of disability and of any benefits received as a result of the disability Income from all sources for 2019

**5**. Homelessness- **Documentation Required:** A formal letter from a clergy member, employer, counselor, or shelter worker verifying the student’s status, or a McKinney-Vento letter/form.

**6.** Other unusual circumstances not covered above. **Documentation requirements will be determined by an authorized Weatherford College official.**

**All documentation listed as needed for your special circumstance must be turned in at one time. No incomplete applications will be accepted. Additional documentation may be required by Workforce staff to complete your request for special consideration. Failure to comply will result in the denial of request.**

**DECISIONS ARE FINAL AND ARE UN-APPEALABLE!**



**Workforce Education Grant Special Circumstance Application 2020-2021**

Last Name

WC Student ID Number

Middle Initial

First Name

**Special Circumstance Tax Year Fiscal Year Review**

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| I have spoken to my Workforce Education Coordinator regarding my current situation. I believe my 2018 Income Tax Return does not accurately reflect my current financial situation. I am petitioning for a Special Circumstance (SC) consideration. I understand that submitting a SC petition does not guarantee an adjustment will be made to my aid. A request for Special Circumstances will **not** be accepted unless the Student/Parent(s) have filed a 2018 Income Tax Return or provide documentation of not being required to file an Income Tax Return. |
| **YEAR:** | ESTIMATED TAXABLE AND UNTAXED INCOME – **answer all boxes even if the amount is zero** |
| SOURCE OF INCOME | STUDENT | SPOUSE | PARENT ONE | PARENT TWO |
| Wages, Tips, Salary |  |  |  |  |  |
| Business |  |  |  |  |
| Farm Income |  |  |  |  |
| Unemployment Compensation |  |  |  |  |
| Interest and/or Dividend Income |  |  |  |  |
| Worker’s Compensation |  |  |  |  |
| Pensions and/or Annuities |  |  |  |  |
| Severance Pay |  |  |  |  |
| Retirement Benefits |  |  |  |  |
| Disability Benefits |  |  |  |  |
| Social Security Benefits (taxable) |  |  |  |  |
| Child Support |  |  |  |  |
| Alimony |  |  |  |  |
| Welfare Benefits |  |  |  |  |
| Other (list) |  |  |  |  |
| **Total Income** |  |  |  |  |

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student/Spouse

Parent(s)

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Student/Spouse

Parent(s)

Letter of Explanation for Special Circumstance

Unemployment Benefits

Last paystub with year-to-date information

Notice of Termination from Employer

Letter from Current Employer

All 2018 W2s and 1099s

All 2019 W2s and 1099s

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Documents: You must address all of the below checked verification requirements.

2019 IRS Tax Transcript

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2018 IRS Tax Transcript

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All information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all Special Circumstance Applications are reviewed on a case-by case basis and this written request may not ultimately result in actual change in financial aid.

# Warning: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

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| --- | --- | --- | --- | --- | --- | --- |
| Student’s Signature |  | Date |  | Spouse’s Signature |  | Date |
| Parent One Signature |  | Date |  | Parent Two Signature |  | Date |

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| --- | --- | --- | --- | --- | --- | --- |
| ACTION TAKEN |  | APPROVED |  | DENIED | DATE PRESENTED |  |
|  |
| COMMITTEE AND TITLE |  |  |  |  | SIGNATURE |
|  |  | APPROVED |  | DENIED |  |
|  |  | APPROVED |  | DENIED |  |
|  |  | APPROVED |  | DENIED |  |