

The Peninsula's Community College

2021-2022 SPECIAL CIRCUMSTANCE APPEAL FORM (SCAF)

Phone Number: ______VCCS E-mail Address: _____

Student ID#:

Student's Name:____

PLEASE READ CAREFULLY – AN INCOMPLETE APPEAL WILL DELAY REVIEW				
Special Circumst income that occur this office is fina	ance Appeals may be submitted unti- urred on or after 01/01/2020. Most l.	il April 15, 2 0 appeals take a	22, if your family has experience approximately 6-8 weeks to comple	ed significant changes in ete the process. The decision of
STEP 1	Read and complete the CF	ERTIFICATIO	ON below. Parent signatures are rec	quired for dependent students.
STEP 2	1 1 5	Read and complete pages 2 and 3 of this form. Type and sign a detailed statement explaining why you are requesting a special circumstances appeal. Attach photocopies of documentation and statements as requested.		
	 Financial Aid staff c 	annot make o	must be submitted before your a copies of documents for you. the property of Thomas Nelson	
STEP 3			ements, and your TYPED appeal in the mail at financial aid the three t	letter to Financial Aid Services in
		CERTIF	ICATION:	
"I (we) certify the information contained in this SCAF and any supporting documentation or statements are true and complete to the best of my (our) knowledge. I (we) will provide additional information as requested by a Thomas Nelson Financial Aid Advisor. I (we) realize that this SCAF will be considered INCOMPLETE and will not be reviewed until all requests are honored. I (we) understand that our financial aid application for the following year will be selected for verification to confirm the documents and statements submitted with this appeal. I (we) further understand that if our 2021 filed tax return reflects significant discrepancies from the information reported here, no future income reduction appeals will be considered by TNCC. I (we) further understand any false information will be cause for the denial, reduction, and/or repayment of student financial assistance and may subject me (us) to a fine, imprisonment, or both under the provisions of the U.S. Criminal Code."				
	Student's signature	Date	Spouse's signature	Date
	(Step) Mother's signature	Date	(Step) Father's signature	Date

Thomas Nelson Community College Please submit this form to Financial Aid Services via e-mail, fax, or in person

SCAF_2020-2021_5/20/2020

email: financialaid@tncc.edu Fax: 757.825.3537

Student's Name:		Student ID#:

SECTION I: INCOME AND STATUS VERIFICATION

Please select one circumstance below as the reason for your appeal:
LOSS OF EMPLOYMENT/BENEFITS - Student/Spouse/Parent was working during 2019 but is now working fewer hours or is unemployed. The following documentation is required from the unemployed household member: O Last check stub(s) from previous employer during 2020 and/or 2021 O Letter from previous employer stating date of termination or reduction of hours or if loss of benefits, letter from agency verifying date and amount of benefit lost O Benefit or denial letter from Unemployment Office
<u>DEDUCTION OF ONE-TIME PAYMENT</u> – Student/Spouse/Parent received a ONE-TIME PAYMENT (pension, IRA, annuities, gambling winnings, settlement, etc.). The following documentation is required:
 Receipts(s) showing where one-time payment was spent Copy(s) of bank account statements Statement from agency to verify one-time payment and to indicate no future payments expected
<u>SEPARATION OR DIVORCE</u> – Student/Parent was married when the FAFSA was filed but has now separated or divorced. The following documentation is required:
 Court documentation verifying legal separation or divorce if provided by your state If no legal separation can be provided, submit the following: Notarized statement by parent or independent student indicating date of separation. Two bills (utility and telephone) from each parent or independent student and spouse showing different addresses.
<u>DEATH OF A SPOUSE OR PARENT</u> – Spouse/Parent passed away after the FAFSA was filed. The following documentation is required:
o Copy of Death Certificate or Obituary Notice
 <u>UNUSUAL EXPENSES</u> – Student/Spouse/Parent has unusual medical expenses NOT covered by insurance or pays private school tuition. The following documentation is required: Copy of bill(s) AND receipt(s) of payment

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Student's Name:	Student ID#:	
-		

SECTION II: TAXABLE AND UNTAXED INCOME

In the box below, select which calendar year's income you would like to be considered in your appeal and review the listed required documents for each selection.

Check here if you are requesting a recalculation of your FAFSA using your **2020 completed tax information**. This option is only available until December 1, 2021. The required documents for this selection are as follows:

- ✓ 2020 Federal Tax Transcript or 2020 IRS Non-Tax Filers Form/detailed statement from student and spouse or both parents (if dependent student) stating any income earned from work, unted income, or other sources of income received in 2020 for all applicable parties. The statement must be signed by all applicable parties.
- ✓ 2020 W-2 Wage Form(s) for student and spouse or both parents (if a dependent student).
- ✓ Complete the chart below detailing income for 2020.

Check here if you are requesting a recalculation of your FAFSA using your 2021 estimated tax information.	This option is only
available until December 1, 2021. The required documents for this selection are as follows:	

- ✓ Student's current pay stub (if employed). Pay stub must include year to date earnings.
- Current pay stub (if employed) of Spouse or both parent(s) if dependent student. Pay stubs must include year to date earnings.
 - Current check stubs or statements for all untaxed benefits.
- ✓ Complete the chart below detailing estimated income for 2021.

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- ✓ 2021 Federal Tax Transcript or IRS Non-Tax Filers Form for student and spouse or both parents if dependent student.
- ✓ 2021 W-2 Wage Form(s) for student and spouse or both parents if dependent student.
- ✓ Complete the chart below detailing income for 2021

You must complete the chart below using your <u>projected</u> dollar value of each item for the entire 2021 (January-December) calendar year. You must attach documentation that will support and explain your reported amounts. Respond to all items if the amount is zero; write "0" on the line. If any section is left blank, the appeal will be denied.

Income sources	Student/Spouse	Parent(s)
Income earned from work by student/father		
medice carried from work by student/rather	\$	\$
Income earned from work by spouse/mother		
	\$	\$
Other taxable Income	•	C
Total 2021 Social Security Benefits	\$	\$
Total 2021 Social Security Beliefits	\$	\$
Total 2021 AFDC or Public Assistance		
	\$	\$
Total 2021 Child Support Received		
T 1000171 D 0 0 1	\$	\$
Total 2021 Veteran Benefits Received	S	S
Total 2021 Other non-taxable Income		
and Benefits (in kind)	\$	\$
Total 2021 Child Support (to be paid)		
	\$	\$
Total 2021 Out-of-Pocket Medical Expenses		
	\$	\$

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