

Student Financial Services  
 1825 N Bluemound Dr  
 PO Box 2277  
 Appleton, WI 54912-2277

Fax: 920-735-5763  
 financialaid@fvtc.edu  
 www.fvtc.edu/finaid  
 Phone: 920-735-5650

Under extenuating circumstances, this form may be completed to re-evaluate your financial need based on your current situation not addressed on your 2021-22 FAFSA. Forms received without all required documentation will delay the review process. Submission of this form does also not guarantee a change in your financial aid eligibility. Each case will be evaluated on an individual basis. *Circumstances not considered are standard living expenses (utilities, credits card payments, Chapter 7 personal bankruptcy, etc.), mortgage payments, car payments, vacation expenses, retirement, and all other discretionary expenses.*

**Step 1: Student Information**

Name: \_\_\_\_\_ FVTC ID #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Student e-mail: \_\_\_\_\_ Parent e-mail (dependent student): \_\_\_\_\_

**Step 2: Reason (s) For The Request and Required Documentations (check all that apply).**

**Unemployment | Loss of job** Date: \_\_\_\_\_  
 \_\_\_ Student \_\_\_ Spouse \_\_\_ Parents (dependent student only)  
 (Attach a termination letter, documentation of separation benefits such as severance, unemployment benefits statement showing weekly benefit amount received, and year- to- date paystub(s)).

**Change in employment | Reduced work hours and or pay** Effective date: \_\_\_\_\_  
 \_\_\_ Student \_\_\_ Spouse \_\_\_ Parent (dependent student only)  
 (Attach a signed letter from former employer on company letterhead confirming separation and effective date, and/or the average weekly hours and hourly rate of pay, and two most recent pay stubs from current employer).

**Major medical & dental expenses paid out of pocket in 2021, not covered by insurance**  
 \_\_\_ Student \_\_\_ Spouse \_\_\_ Parent (dependent student only) Amount paid \$ \_\_\_\_\_  
 (Attach a copy of your Schedule A from your 2021 federal income tax return, if available or receipts paid out of pocket, with statements from insurance company showing expenses were not reimbursed, and year- to-date pay stub(s)).

**Change in Family status (divorce or legal separation, death)** Effective Date: \_\_\_\_\_  
 \_\_\_ Student \_\_\_ Spouse \_\_\_ Parent (dependent student only)  
 (Attach a copy of a divorce decree and 2019 W2s, or obituary, or court order of legal separation)

**Disability** Effective date: \_\_\_\_\_  
 \_\_\_ Student \_\_\_ Spouse \_\_\_ Parent (dependent student only)  
 (Attach all monthly worker's compensation or other disability income received and a signed statement from physician indicating the start date and projected length of time of inability to work, or estimated date disability will end, and year-to-date paystub(s)).

**Other extenuating circumstances** \_\_\_\_\_  
 (Attach supporting documentation that could be considered for an extenuating circumstance request).

Explain below in details the specifics of your extenuating circumstance(s). Use additional paper, if needed.

---



---



---



---



---



---



---



---

**Step 3: Household Certification**

Check only one of the following and complete the chart below:

- I am considered a Dependent Student on my 2021-22 FAFSA and was required to provide parental income on my FAFSA.
- I am considered an Independent Student on my 2021-22 FAFSA and was not required to provide parental income on my FAFSA.

<b>Full Name of Family Member</b> Begin with yourself If you need more space, attach a separate sheet	<b>Date of Birth</b>	<b>Relationship to Student</b> Self, parent on FAFSA, child, son, daughter, spouse, etc.	<b>Full Name of College (if applicable)</b> For you & any family member who will be working toward degree completion at least half-time during the 2021-22 academic year.
		Self	Fox Valley Technical College

<p><b>Dependent Students:</b>                      List the people that your parent(s) will support between July 1, 2021 and June 30, 2022. (Support is defined as providing food, medical/dental or health insurance, car insurance, money or other financial resources). Include the following:</p> <ul style="list-style-type: none"> <li>• <u>Yourself</u>, even if you do not live with your parent(s)</li> <li>• <u>Your parent(s)/step-parent</u> if they are living together, even if they are not married. Do not include a parent not living in the household due to separation or divorce</li> <li>• <u>Your parents' other children</u> (only if your parents provide more than half of their support* from July 1, 2021 through June 30, 2022, or they would be required to give parental information when applying for 2021-22 federal aid). <i>Do not include children for whom your parents are paying child support and do not include foster children.</i></li> <li>• <u>Other people</u> if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2021 through June 30, 2022.</li> </ul>	<p><b>Independent Students:</b>                      List people that you (and your spouse) will support between July 1, 2021 and June 30, 2022. (Support is defined as providing food, medical/dental or health insurance, car insurance, money or other financial resources). Include the following:</p> <ul style="list-style-type: none"> <li>• <u>Yourself (and your spouse, if married)</u></li> <li>• <u>You and your spouse's children</u>, if you or your spouse will provide more than half of their support* from July 1, 2021 through June 30, 2022. Even if they do not live with you, they may be included if you provide more than half of their support. <i>Do not include children for whom you are paying child support &amp; do not include foster children.</i></li> <li>• <u>Other people</u> if they now live with you, and you provide more than half of their support* and will continue to provide more than half of their support from July 1, 2021 through June 30, 2022.</li> </ul>
--	---

**Step 4: Family Financial Information**

Please complete the table below to help us assess your estimated income for the year 2021. Report all income (taxable and non-taxable) that you expect to receive January 1, 2021 through December 31, 2021, in the appropriate boxes. Write "0" for items that do not apply. *Independent students should answer for student and spouse, if married. Dependent students should answer for student and parent (s).* You must include documentation supporting all income.

<b>Taxable Income for 2021</b>	<b>Student</b> Include spouse if married	<b>Parent (s)</b> on FAFSA
Wages, salaries, tips	\$	\$
Severance pay	\$	\$
Business/farm/rental income	\$	\$
Dividends/interests/capital gains	\$	\$
Unemployment Compensation	\$	\$
Alimony	\$	\$
<b>TOTAL</b>	\$	\$

<b>Other Income for 2021</b>	<b>Student</b> Include spouse if married	<b>Parent (s)</b> on FAFSA
Social security benefits	\$	\$
Qualified retirement distribution	\$	\$
Child Support Received	\$	\$
IRA/Keogh contributions	\$	\$
Worker's compensation	\$	\$
Other untaxed income	\$	\$
<b>TOTAL</b>	\$	\$

**Step 5: Review and Sign – form will not be accepted without a signature**

*Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.*

By signing below, I understand the following:

- Additional documentation may be requested by the Student Financial Services Office upon review of my circumstance
- Allow up to 15 business days for processing
- Check my FVTC e-mail regarding the status of my appeal
- The decision of the Student Finance Director is final; there is no appeal process to the U.S. Department of Education
- Certify that all of the information reported is complete and correct to the best of my knowledge

**Student Signature**

**Date**

**Parent Signature - Dependent Students only**

**Date**

**ELECTRONIC SIGNATURES NOT ACCEPTED**

Office use only: Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_