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CVTC Student ID Number
B-R-ID/Spec Circumstance



FINANCIAL AID OFFICE
620 W. Clairemont Avenue • Eau Claire, WI 54701-6162
(715) 833-6200
Fax (715) 833-6293

2011-2012 – Special Circumstances Appeal Certification of Parent Enrolled in College – Dependent Student

You have indicated that there one or both of your parents will be enrolled at least half time in a post-secondary educational program.

BEFORE SUBMITTING THIS FORM, you must have received your Student Aid Report from the Department of Education and be registered for classes in a Financial Aid eligible program.

Student's Name (Please print)

Birth Date

@_____
Student's CVTC ID No.

Federal laws governing financial aid allow the CVTC Financial Aid Office to recalculate financial need in cases of special circumstances not taken into consideration by the Free Application of Federal Student Aid (FAFSA). The laws allow financial aid administrators to use "professional judgment" to make adjustments that adequately reflect the family's "ability" to pay. Special circumstances are considered on a case-by-case basis. A financial aid administrator's decision is final and cannot be appealed to the Department of Education.

Everyone requesting a special circumstance review must also go through the verification process. The documents required for the verification process are:

- Dependent Verification Worksheet
- Signed copy of student's 2010 Federal Tax Return
- Signed copy of parents' 2010 Federal Tax Return

- Forms may be printed from our website located at <http://www.cvtc.edu/pages/332.asp>.
- **Submit this page and the above documentation to the CVTC Financial Aid Office.**
- **Complete the next page of this form and forward it to the school your parent is attending.**
- During the review process, you may be contacted to provide additional documentation.
- Please use the check boxes, above, to ensure that you have attached all necessary documentation.
- Incomplete applications will not receive consideration.

Student's Signature

Daytime Phone No.

Date

Parent's Signature (for dependent students)

Daytime Phone No.

Date

- **Allow three (3) weeks for the review to be completed.**
- **If your eligibility increases, a revised award letter showing the updated amounts will be sent to you via U.S. mail.**
- **If the review did not increase your financial aid, you will receive a notice via your student e-mail account.**

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Student's Name (Please print) _____ Birth Date _____ @
Student's CVTC ID No. _____

Parent's Name (Please print) _____ Parent's Social Security No. _____

In order for Chippewa Valley Technical College to add a parent to the number enrolled in college on your son's or daughter's Free Application for Federal Student Aid (FAFSA), we need verification that you are enrolled at least half time in a post-secondary educational program. Please complete your portion of this form and then forward it to the school you, the parent, are attending for certification of enrollment.

I, the parent, am enrolled at least half time in a degree seeking or certificate program during the 2011-2012 academic year.

Parent's Signature _____ Date _____

TO BE COMPLETED BY AN AUTHORIZING OFFICIAL AT THE PARENT'S SCHOOL OF ATTENDANCE	
I certify that the individual listed above, under parent name, is enrolled at least half time in a degree seeking or certificate program for the 2011-2012 academic year at:	
Name of College or University:	
Name of Authorizing Official (please print):	
Title of Authorizing Official:	
Signature of Authorizing Official	
Date:	
<i>Please return the completed form to the Chippewa Valley Technical College at the address and/or fax number listed above.</i>	