

FASTFORWARD Policies Appendix E

2024-2025 Request for Consideration of Reduced Income Form

Blue Ridge Community College Workforce Solutions

Under certain circumstances, students may request that the income information on their G3/FANTIC application may be reconsidered due to changes that have occurred since the tax year reflected on the G3/FANTIC application or situations not considered on the G3/FANTIC application. If one of the following situations applies to you, please complete this form and submit to the Office of Outreach and Engagement so that we may determine whether you are eligible for administrative G3/FANTIC changes through a process called “professional judgment.”

Circumstances that may be considered for reduced income:

- Lost income due to involuntary change in circumstance (layoff, illness, etc.)
- Recurring medical expenses
- One-time payment claimed on taxes that was not used to pay education-related expenses
- Other documentable change to income beyond the control of the student or family

Please complete only the sections of this form that apply to your situation. Attach all requested documentation.

Forms received without documentation will not be processed.

Student Information:

Incomplete forms will be returned unprocessed.

Last Name: _____ First Name: _____

Phone Number: _____ Email Address: _____

Explanation of Circumstances:

Check which circumstance applies to you and/or your family.

My income, my parent's income, or my spouse's income was reduced due to layoff, termination, downsizing, hours reduction, etc. Please note that in most cases, quitting work to return to school cannot be considered as a reason for reconsideration of financial aid eligibility.

- Date of income reduction: _____
- Monthly income amount for affected person prior to change: _____
- Monthly income amount for affected person after change: _____

Attach as many of the following as possible:

- Layoff/termination letter or letter from employer indicating hours reduction or other change
- If currently receiving unemployment, recent unemployment statement
- If currently employed at a lesser-paying job, at least 2, preferable 3-4 recent pay stubs

I, my parent, my spouse, or my dependents have ongoing medical expenses. Please note that consideration can generally only be made for ongoing expenses. One-time expenses may be considered under certain circumstances if they occurred in the aid year being reviewed.

Total estimated annual amount of medical expenses not covered by insurance: Attach as many of the following as possible:

- Medical bills indicating costs not covered by insurance
- If insurance is a high deductible or high out-of-pocket plan, documentation of the deductible and out-of-pocket amounts.
- Letter from doctor or doctors indicating condition is ongoing.

I, my parent, or my spouse has had a reduction to income that affects our ability to pay tuition but is not covered under one of the topics above. If choosing this option, please be sure that the description on the reverse side is thorough and that documentation is provided. If you need help deciding what documentation to use, please consult with a financial aid advisor.

Certification and signature: I certify by my signature below that the information provided on this form is complete and correct to the best of my knowledge.

Student Signature: Date:

Director of Financial Aid Signature: Date:

Please return this form by fax to 540-234-8102, scanned email attachment to info@brcc.edu, or mail to Blue Ridge Community College, Continuing Education, Box 80 One College Lane, Weyers Cave, VA 24486