

**2019-2020 REQUEST FOR RECALCULATION  
OF FINANCIAL AID ELIGIBILITY**

Spartanburg Community College – Financial Aid Office  
P.O. Box 4386, Spartanburg, S.C. 29305  
Phone: (864) 592-4810 Fax: (864) 592-4945

**Student Name** \_\_\_\_\_ **SCC ID** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work/Cell Phone #** \_\_\_\_\_

If your family's financial situation has changed significantly since completing the **2019-2020 Free Application for Federal Student Aid**, you may request that these changes be taken into consideration. Information from this form, the student file, and supporting documentation will be used to determine if eligibility for financial aid can be recalculated. You must provide documentation in support of the information provided on this form.

**I. Check the appropriate condition under which you are requesting a recalculation of financial aid eligibility for the 2019-2020 academic year.**

\_\_\_\_\_ **Parental Reduction in Income:** One of the student's parents (or stepparent) income will be significantly less in 2018 or 2019 than in 2017 due to a change in job, reduction in the number of hours worked (company change or illness), retirement, layoffs, continuing education, loss of benefits, etc.

\_\_\_\_\_ **Student Reduction in Income:** Student's or spouse's income will be significantly less in 2018 or 2019 than it was in 2017 due to a change in job, reduction in the number of hours worked (company change or illness), retirement, layoffs, continuing education, loss of benefits, etc.

\_\_\_\_\_ **Parental Separation, Divorce or Death:** The student's family situation has changed due to one of these events.

\_\_\_\_\_ **Student/Spouse Separation, Divorce or Death:** The student's family situation has changed due to one of these events.

\_\_\_\_\_ **Student Marriage:** The student married after completing the Free Application for Federal Student Aid (FAFSA).

\_\_\_\_\_ **Other Significant Change in Financial Situation:** One of the student's parents, the student or student's spouse experienced a significant change in financial situation not resulting from one of the above conditions.

**II. Complete the enclosed 2019-2020 Institutional Verification Form (IVF) and collect all the documentation requested. The IVF and requested documents must be returned with this Request for Recalculation. If, as a result of earlier requests, you have previously submitted the IVF and/or requested documents, please indicate the date that you submitted the information to the SCC Financial Aid Office: \_\_\_\_\_.**

***Note: Please submit a copy of your "actual" 2017 IRS Tax Return for Recalculation Request.***

**III. You must provide a complete explanation of the situation that you identified in Step I. Include important dates, employer or agency names and addresses and/or a full explanation of the unusual circumstances. Attach a separate sheet if necessary.**

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**IV. You must document the situation that you described in Step III. Examples of acceptable documentation are listed below:**

- You must document the loss of a job or benefits by providing statements from your employer and/or the agency that reduced benefits. Statements should contain documentation of the total amount of earnings and/or benefits received to-date during 2018 and/or 2019 also the expected amount of earnings and/or benefits from today through the end of 2017 and/or 2018.
- Requests based on unusual expenses must be documented by copies of bills paid, copies of canceled checks for amounts paid, and/or copies of account statements from doctors, hospitals, pharmacies, etc. for the 2017 and/or 2018 and/or 2019 calendar year(s).
- Medical expenses should be the amount that insurance would not pay.
- Changes in family situations such as marriage, death, divorce or separation must also be documented by copies of official documents.

**This document will be returned if a complete explanation of extenuating circumstances is not provided or if sufficient documentation is not attached. The financial aid office reserves the right to ask for additional documentation as needed on a case-by-case basis.**

**CERTIFICATION**

**Any person providing information on this form must sign and date below.**

*By signing this Request for Recalculation for consideration of special circumstances, I (we) certify that all the information reported on this form is true and correct to the best of my (our) knowledge.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if married)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if dependent)