Shelton State Community College
Request for Financial Aid Adjustment

Section 1: To be completed by student (please print):

_______________________________                             __________________________
Student Name                                                                     Social Security Number

_______________________________                             __________________________
Phone Number             Email address

You may complete this form if you, your spouse’s, or your parents’ (for dependent students) financial situation has been altered significantly from the information you were required to provide on the current FAFSA. Information from this form, supporting documentation you provide, and information our office retrieves from your financial aid file will be reviewed to determine if we can assist you. All supporting documentation required by the Office of Financial Aid must be attached to your request. Please note this form does not guarantee your request will be approved or that you will be eligible for additional aid.

A. Complete the following if you, your spouse, or your parents (for dependent students) expect to earn less in the current year than you did in the previous year because of a change in or loss of employment; or you, your spouse, or parents (for dependent students) received benefits such as Social Security, Veterans’ Benefits, retirement income, or unemployment benefits in the previous year and those benefits have been reduced or temporarily suspended. Please provide documentation from your employer, former employer, or the appropriate government agency confirming the change in your income or benefits. **IMPORTANT:**
   a. For changes in income, we must have documentation of your last date of employment, the date your income changed, your year-to-date earnings, and your new income.
   b. For changes in benefits, we must have documentation of the date your benefits changed or were stopped and the monthly amount of your benefits.

Loss of income from work:

Last Date of Work: _________________________   Weeks unemployed to date: __________________

Did you receive unemployment? ________________________ Weekly Amount: __________________

PROVIDE COPY OF UNEMPLOYMENT INFORMATION

Loss of untaxed income:

Social Security Loss: ____________ (Attach documentation)

Child Support Loss: ____________ (Attach court documentation stating termination of benefits)
B. Change of income or status due to other unusual circumstances

Medical circumstances:

Date of issues: __________________________________________________________

Explanation of circumstances: ____________________________________________

__________________________________________________________

Attach documentation of circumstances

C. Other unusual or special circumstances that should be considered

Date of issues: __________________________________________________________

Explanation of issues: __________________________________________________

__________________________________________________________

Attach documentation of circumstances

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**Actual & Estimated Income Sheet**

<table>
<thead>
<tr>
<th>Income Item</th>
<th>Prior Year Information</th>
<th>Estimated Current Year Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father/Step-Father</td>
<td></td>
<td></td>
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<tr>
<td>Mother/Step-Mother</td>
<td></td>
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<tr>
<td>Student</td>
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<tr>
<td>Spouse</td>
<td></td>
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<tr>
<td>Other Taxable Income (interest,</td>
<td></td>
<td></td>
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<td>pensions, unemployment, etc.)</td>
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<td></td>
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<tr>
<td>Other untaxed income (child</td>
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<td></td>
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<tr>
<td>support, social security, welfare,</td>
<td></td>
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<tr>
<td>etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Required Personal Statement:**

Be sure to include all relevant information. Your written explanation should be as detailed as possible. All personal statements should be signed and dated.

**CERTIFICATION STATEMENT**
(Please read carefully before signing.)

All relevant or requested information and/or documentation must be attached to your request. **Incomplete requests will not be reviewed.** Requests are processed in a timely manner through the Financial Aid Office.

By signing below, I affirm that all information contained in or attached to this request for a re-evaluation of my financial aid eligibility, including any attached personal statements and/or documentation, is true and correct to the best of my knowledge. I affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have given false or fraudulent statements and/or documentation, this request will be denied and any eligibility for federal and state student aid may be suspended or canceled.

__________________________________________________________________
Student Signature                                                                 Date
__________________________________________________________________
Parent or Spouse Signature                                                         Date

**A complete packet consists of the following:**

_____ Completed Professional Judgment Packet

_____ Completed verification packet

_____ Copies of tax transcript and/or W2’s

_____ Personal Statement

_____ Any additional documentation to support your request

_____ Signed certification statement

Be sure to submit all of the required documentation or request will not be processed.