



2018-2019
REQUEST FOR FINANCIAL AID ADJUSTMENT
Professional Judgement

For Office Use Only

Approved: _____ Not Approved: _____

Reason: _____

Date: _____

Section 1: Student Information

To be completed by student (Please print.):

Student Name (last name, first name, M.I.)	Student ID/SSN	Date of Birth	
Street Address	City	State	Zip
Email	Home Phone Number	Cell Phone Number	

The U.S. Department of Education grants the financial aid administrator the ability to consider special circumstances when determining eligibility for financial aid. The Financial Aid Office will consider situations, such as loss of employment, an accident causing a drastic reduction in income, or catastrophic illness. Students must submit a complete financial file along with the following documents to be considered for special circumstances. The financial aid director will process this request in a timely manner. The request should be received by the published deadline each semester (listed below). Requests submitted after the deadline date will be processed as time permits. Students should submit ALL information that applies to their situation. All documents for the financial situation of the household are required to get an accurate picture to make an adjustment. By submitting these documents, the Financial Aid Office will estimate the student's financial situation for the current year as opposed to the prior year. Submission of these documents does not automatically qualify the student for aid. **It is the student's responsibility to provide all the documents required to make an income adjustment.**

Deadline Dates							
Fall 2018	August 4, 2018		Spring 2019	December 8, 2018		Summer 2019	May 4, 2019

Section 2: Description of Financial Situation

Please complete the following information to better describe your financial situation. Do not leave questions blank or skip questions. Students may not request an income reduction simply because 2017's income was less than 2016's. The student must have a mitigating circumstance that caused the difference.

_____ **A. Loss of income from work for at least twelve consecutive weeks**

What was the last date of work? _____

How many weeks have you been unemployed to date? _____

Did you receive unemployment compensation? _____

(If so, then you must provide a copy of your unemployment information.)

Did you experience loss of employment or a layoff? _____

(If so, then you must provide documentation for the last payment date and termination date.)

Did you undergo a change in employment with a lesser paying job(s)?

- _____ **B. Loss of untaxed income for at least twelve consecutive weeks**
 Social security loss: _____ (Attach documentation.)
 Child support loss: _____ (Attach court documentation stating terminated benefits.)
- _____ **C. Divorce or separation (You must provide documentation of the pending divorce or separation.)**
 Documentation is needed to verify income.
- _____ **D. Death (You must provide the death certificate.)**
- _____ **E. Catastrophic medical condition (You must provide copies of canceled checks for out-of-pocket expenses paid for medical bills for catastrophic illness. You may also use a summary from the pharmacy on cash paid for medicine related to catastrophic illness. We can adjust only what was actually PAID by the student/parent/spouse for out-of-pocket expenses.)**
- _____ **F. Natural Disaster (Fire or Tornado Loss) (Must provide copies of cancelled checks for out-of-pocket expenses paid replacing items that were not covered by insurance. May also use summary from pharmacy on cash paid for medical treatment related to the natural disaster. We can only adjust what was actually PAID by the student/parent/spouse out of pocket expense.)**
- _____ **G. Other unusual circumstance for special consideration. (If you do not meet one the conditions noted above for re-evaluation of your financial aid eligibility, please explain in detail and fully document the unusual circumstances that you have experienced. Significant changes in financial status must be documented.)**

ALL STUDENTS: This information must be provided for ALL members of the household not just the person that had the change. Dependent students must report both parents if parents are still married to each other.

Section 3: Actual and Estimated Income Sheet

Put a zero in any spaces that do not pertain to your situation.

<u>Income Item</u>	<u>2016 Information</u>	<u>2017 Information</u>
Father/Step-Father		
Mother/Step-Mother		
Student		
Spouse		
Other Taxable Income (interest, pensions, or unemployment)		
Other untaxed income (child support, social security, or welfare)		
Total		

Section 4: Required Personal Statement

Include all relevant information. Your written explanation should be as detailed as possible. Attach additional pages if needed.

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.** 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
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A complete packet consists of the following:

- Completion of Sections 1-4
- Completed verification forms
- Copies of tax transcript and/or W2s (if applicable)
- Personal statement noting extenuating circumstances
- Additional documentation supporting your request
- Signed certification statement

IMPORTANT: Once we receive your completed documentation, please allow ten (10) business days for verification/corrections to be processed and indicated on your myShelton account.

Do not mail this worksheet to the U.S. Department of Education.
Form and other required documents should be mailed or delivered to the address listed below.

**SSCC Enrollment Services Office
9500 Old Greensboro Road
Tuscaloosa, Alabama 35405**

The Free Application for Federal Student Aid (FAFSA) is the only form a student is required to complete to be considered for student assistance from any of the Title IV/Higher Education Acts (HEA) programs. No additional application or other request for information can be required by an institution in support of the student's request for Title IV/HEA program assistance, except for information needed to ensure the student's eligibility for such assistance (e.g., information needed to complete verification or to demonstrate compliance with the student eligibility provisions of the HEA and the regulations).

It is the policy of the Alabama Community College System Board of Trustees and Shelton State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, national origin, religion, marital status, disability, gender, age, or any other protected class as defined by federal and state law, be excluded from participation, denied benefits, or subjected to discrimination under any program, activity, or employment. Important information about the educational debt, earnings, and completion rates of students attending programs can be found at sheltonstate.edu/gainfulemployment.