REQUEST FOR FINANCIAL AID ADJUSTMENT

Financial Aid Year: ____________________

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

<table>
<thead>
<tr>
<th>Student Name (last name, first name, M.I.)</th>
<th>Student ID/SSN</th>
<th>Date of Birth</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th>Home Phone Number</th>
<th>Cell Phone Number</th>
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</thead>
<tbody>
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</table>

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 issues occurred: ____________________________________________________________

Explanation of circumstances: ____________________________________________________

____________________________________________________________________________

**Attach documentation of circumstances.**

C. Other unusual or special circumstances that should be considered

Date issues occurred: ____________________________________________________________

Explanation of circumstances: ____________________________________________________

____________________________________________________________________________

**Attach documentation of circumstances.**

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**Actual and 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>
</tr>
<tr>
<td>Mother/Step-Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Taxable Income (interest, pensions, or unemployment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other untaxed income (child support, social security, or welfare)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
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</tbody>
</table>
**Required Personal Statement:**
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 by your financial aid administrator in the Office of Enrollment Services.

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 Request for Financial Aid Adjustment Packet
_____ Completed verification forms
_____ Copies of tax transcript and/or W2s
_____ Personal statement
_____ Additional documentation supporting your request
_____ Signed certification statement

All required documentation must be submitted for the request to be processed.

**WARNING:** If you purposely provide false information on this worksheet, you may be fined, sentenced to jail, or both. You may also be subject to disciplinary action by the College.

**IMPORTANT:** Once we receive your completed documentation, please allow seven (7) 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.
Submit or mail this worksheet to the following:
SSCC Enrollment Services Office
9500 Old Greensboro Road
Tuscaloosa, Alabama 35405
Email: fa@sheltonstate.edu       Fax: 205.391.2372

Make a copy of this worksheet for your records.