

2024-2025 REQUEST FOR RECALCULATION OF FINANCIAL AID ELIGIBILITY

Spartanburg Community College – Financial Aid Office 131 Community College Drive, Spartanburg, S.C. 29303-4759 Phone: (864) 592-4810 Toll Free: 1-888-591-3810

Stude	ent Name	SCC ID
Mailin	ing Address	
Home	e PhoneV	Work/Cell Phone #
Application Applic	cation for Federal Student Aid, you may remation from this form, the student file, and s	significantly since completing the 2024-2025 Free equest that these changes be taken into consideration. Supporting documentation will be used to determine if You must provide documentation in support of the
I.	Check the appropriate condition under which you are requesting a recalculation of financia aid eligibility for the 2024-2025 academic year.	
	significantly less in 2023 or 2024 than in 2	the student's parents (or stepparent) income will be 2022 due to a change in job, reduction in the number of ss,) retirement, layoffs, continuing education, loss of
		or spouse's income will be significantly less in 2023 or job, reduction in the number of hours worked (company inuing education, loss of benefits, etc.
	Parental Separation, Divorce or Death: of these events.	The student's family situation has changed due to one
	_ Student/Spouse Separation, Divorce or leads to one of these events.	Death : The student's family situation has changed due
	_ Student Marriage: The student married Student Aid (FAFSA).	after completing the Free Application for Federal
		Situation : One of the student's parents, the student or change in financial situation not resulting from one of the
II.	Complete the enclosed 2024-2025 Institution requested.	tutional Verification Form (IVF) and collect all the

Note: Please submit a copy of your "actual" 2022 and 2023 IRS Tax Return or Tax Return Transcript 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.		
IV.	You must document the situation that you des documentation are listed below:	scribed in Step III. Examples of acceptable	
	and/or the agency that reduced benefits. State amount of earnings and/or benefits received year(s).	its by providing statements from your employer ments should contain documentation of the total for the 2022, and 2023 and/or 2024 calendar documented by copies of bills paid, copies of	
	canceled checks for amounts paid, and/or copic pharmacies, etc. for the 2022 and/or 2023 and	es of account statements from doctors, hospitals, or 2024 calendar year(s).	
	 Medical expenses should be the amount that in Changes in family situations such as marria 	surance would not pay. ge, death, divorce, or separation must also be	
	documented by copies of official documents.	ge, death, divorce, of separation must also be	
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circu finan	s document will be returned if a co umstances is not provided or if sufficient ncial aid office reserves the right to ask fo a case-by-case basis.		
on a			
	CERTIFICAT	TION	
	Any person providing information on this	form must sign and date below.	
	igning this Request for Recalculation for considerati ne information reported on this form is true and corre		
Studer	ent Signature	Date	
Parent	nt Signature	Date	
(if dep	ependent)		