



**2025-2026 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

Student Name _____ SCC ID _____

Mailing Address _____

Home Phone _____ Work/Cell Phone # _____

If your family's financial situation has changed significantly since completing the **2025-2026 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 2025-2026 academic year.

_____ **Parental Reduction in Income:** One of the student's parents (or stepparent) income will be significantly less in 2024 or 2025 than in 2023 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 2024 or 2025 than it was in 2023 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 2025-2026 Institutional Verification Form (IVF) and collect all the documentation requested.

Note: Please submit a copy of your "actual" 2023 and 2024 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 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 for the 2023, and 2024 and/or 2025 calendar year(s).
- 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 2023 and/or 2024 and/or 2025 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 _____

Parent Signature _____ Date _____
(if dependent)