



**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 *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 academic year.

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

Note: Please submit a copy of your "actual" 2024 and 2025 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 2024, and 2025 and/or 2026 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 2024 and/or 2025 and/or 2026 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)