



Join in. Stand out.

REQUEST TO RE-EVALUATE FINANCIAL AID ELIGIBILITY
BASED ON SPECIAL CIRCUMSTANCES
2019-2020

When completed this form should be returned to:
Student Financial Assistance
Kent Wyatt Hall 144, Cleveland, MS 38733

SFA USE ONLY

Approved

Denied

COMMENTS:
[Blank lines for comments]

Printed Name

Social Security Number

Address

Phone Number

City/State/Zip

If you, your spouse, or your parent's financial situation has changed significantly since you filed for financial aid, please provide additional information and documentation.

Please note: If you are filing as a dependent student, you will include information for yourself and your parent(s). If you are filing as an independent student, you will include information for yourself and/or your spouse.

Check the appropriate condition under which you are requesting a re-evaluation of your financial aid and eligibility and provide the required documentation.

[] You, your spouse, or your parents earned money in 2018 but are not presently working; or you, your spouse, or your parents expect to earn substantially less in 2019.

[] Since the time of your initial application for financial aid, you or your parents have gotten a divorce. Provide the date of divorce, attach a copy of the divorce decree or petition for divorce, and estimate the 2019 income for you or the parent you will live with.

[] You have experienced a significant change in your or your parent's financial situation that did not result from one of the above listed conditions. Clearly define the change in financial circumstances below and provide full supporting documentation.

This box must be completed for the individual(s) whose income has changed.

Table with 5 columns: Earnings, Student, Spouse, Father, Mother. Rows for Annual 2018 Earnings and Annual 2019 Earnings*.

* MUST attach pay stubs showing earnings to date or other supporting documentation.

Explanation for change in income (If more space is needed, attach a separate sheet).

[Blank lines for explanation]

Certification: All the information provided by me or any other person on this form and attached documentation is true and complete to the best of my knowledge. I understand that this application is being filed jointly by all signatories.

Signature of Student

Date

Signature of Student's Spouse/Parent(s)

Date