



SCC Financial Aid Income Adjustment Request

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You have indicated that there has been a significant change in your household's income since 2008. You are entitled to a review of your situation to see if it warrants an adjustment by the SCC Financial Aid Office. For such a review to take place you must complete this form and return it to the SCC Financial Aid Office. If you have any questions about the process, you may contact Melody Lawrence on ext. 224. All decisions by the SCC Financial Aid Office are final and cannot be appealed to the US Department of Education.

Explain below why you believe your 2008 tax return data is not a legitimate basis on which to calculate 2009-2010 aid eligibility. Then complete the following section(s) that are appropriate for your circumstances, answering each question in that section, and provide annual income estimates on the last page.

Always attach the appropriate 2009/10 Verification Worksheet
SCC Financial Aid Office Use Only

(Over)

Please complete one of the four sections (A-D) that best applies to your situation.

A) Loss of job—currently unemployed

Name of person who was employed _____

Relationship to student _____

Name of employer _____

Date last worked _____

Reason for job loss _____

Qualify for unemployment? _____

If so, what is gross amount of benefits per week _\$ _____

Beginning and ending dates of benefits _____

Eligible for any government/retraining benefits? _____

If yes, list benefits _____

Will unemployed person be looking for other work in the next 12 months? _____

If yes, what are expected earnings? _\$ _____

Attach:—Last pay stub

—Severance letter/notice if available

—Unemployment benefits statement

—2008 Federal Tax Return and W-2's

—2009-10 Verification Worksheet

B) Reduction in income/hours worked—currently underemployed

Name of person who is underemployed _____

Relationship to student _____

Name of employer _____

(Include former and new employer names, if applicable)

Date of change _____

Former income level _\$ _____/wk or _\$ _____/mo

New income level _\$ _____/wk or _\$ _____/mo

Reason for reduction _____

Will underemployed person be looking for other or additional work in the next 12 months? _____

If yes, what are expected earnings? _____

Attach: —Current pay stub showing new income levels.

—2008 Federal Tax Return and W-2's

—2009-10 Verification Worksheet

C) One time Income/Gains

What amount was a one time distribution in 2008? \$ _____

What was the source/reason for these funds? _____

How were these funds used/spent? _____

Attach: —Documentation of distribution payment
—2008 Federal Tax Return and W-2's
—2009-10 Verification Worksheet

D) Unusual Medical expenses

Name of person incurring medical expenses _____

Relationship to student _____

Nature of illness _____

Total amount paid in 2008 \$ _____

(Include only amounts for medical expenses paid by cash, check or credit card. Do not include amounts paid by insurance or balances still owed to medical providers.)

Attach: —Documents showing patient's name and medical diagnosis
—Itemized listing of total amount paid, by provider
—2008 Federal Tax Return and W-2's
—2009-10 Verification Worksheet

This page must be completed by all applicants. Please provide the following estimates for your household for the next 12 months.

<u>Sources of Income</u>	<u>Annual Amount—Next 12 Months</u>
Employment—Student (<i>include self employed</i>)	\$ _____
Employment—Spouse	\$ _____
Employment—Parent(s) (<i>if dependent student</i>)	\$ _____
Unemployment Benefits	\$ _____
Disability Income or Social Security	\$ _____
Child Support	\$ _____
<u>Other (<i>list</i>)</u> _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

SIGNATURES

I certify that all information provided to the SCC Financial Aid Office is true and accurate.

Student Signature _____ Date _____

Student Name (*print*) _____ Student ID# _____

Parent Signature (*if dependent student*) _____

Phone (*Home/Cell*) _____