



REQUEST FOR RECALCULATION OF FINANCIAL AID ELIGIBILITY

2022-2023 Financial Aid Office/Enrollment Services

452 South Anderson Road, Rock Hill, South Carolina 29730

Phone (803) 327-8008 Fax (803) 981-7278

Student's Name _____ ID _____

Complete Mailing Address _____

Home Telephone _____ Cell Phone _____

If your family's financial situation has changed significantly since completing the 2022-2023 Free Application for Federal Student Aid (FAFSA), you may request that these changes be taken into consideration. Information from this form, the student file, and supporting documents will be used to determine if eligibility for financial assistance can be recalculated. You must provide documentation to support the information provided on this form.

I. Check the appropriate condition under which you are requesting a recalculation of financial aid eligibility for the 2022-2023 academic year.

_____ **Parental loss of employment:** One of the student's parents (or stepparent) earned money in 2020, but lost his/her job in 2020 or 2021.

_____ **Student or spouse loss of employment:** Student or spouse earned money in 2020 but lost his/her job in 2020 or 2021.

_____ **Parental reduction in income:** One of the student's parents (or stepparent) income was significantly less in 2021 than in 2020 due to a change in job, reduction in the number of hours worked (company change or illness), retirement, layoffs, continuing education, loss of child support, etc.

_____ **Student or spouse reduction in income:** Student's or spouse's income was significantly less in 2021 than in 2020 due to a change in job, reduction in the number of hours worked (company change or illness), retirement, layoffs, continuing education, loss of child support, 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.

_____ **Unusually high medical expenses:** These expenses should be the amount the insurance would not pay. These expenses should also be more than 11% of the family's income, because that amount is already considered in the calculation.

_____ **Other significant change in financial situation:** One of the student's parents, the student or the student's spouse experienced a significant change in financial situation not resulting from one of the above conditions.

II. Complete verification of the 2022-2023 FAFSA data. The verification worksheet and requested documentation must be returned with this request form. If you have previously submitted the worksheet and/or requested documents, you may disregard this step.

III. You must provide a complete explanation of the situation you identified in Step I. Include important dates, employer or agency names and addresses and/or a full explanation of the unusual circumstances.

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 the benefits. Statements should contain documentation of the total amount of earnings and/or benefits received to date during 2020 and the expected amount of benefits from today through the end of 2021. Your last pay stub has the year-to-date amount on it. If you are receiving unemployment compensation, please provide documentation of your weekly benefit and how many weeks you are eligible to receive it.
- 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 2020 and/or 2021 calendar year(s).
- Changes in family situations such as separation, divorce or death must also be documented by copies of official documents.

The Financial Aid Office reserves the right to ask for additional information as needed to document your status. A request for a recalculation does not guarantee approval. Your situation will be analyzed and the best decision will be made using professional judgment. The decision of the Financial Aid Office is final and cannot be appealed.

Certification

By signing this Request for Recalculation of Financial Aid Eligibility form 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's Signature _____ Date _____

Spouse's Signature _____ Date _____
(if married)

Parent's Signature _____ Date _____
(if dependent)