



Office of Financial Aid

HINDS COMMUNITY COLLEGE

P.O. BOX 1100 RAYMOND CAMPUS • RAYMOND, MISSISSIPPI 39154-1100

OFFICE USE ONLY

____ - ____ School Year

Request to Re-Evaluate Financial Aid Eligibility

Student's name _____

SSN/ID# _____

Mailing Address _____

Phone# _____

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. Information from this form, supporting documentation you provide, and data in your financial aid file will be reviewed to determine if we can consider your request. Any adjustment made to your financial eligibility must meet Federal Compliance Audit guidelines.

Independent

Dependent

	Student	Spouse
Previous year Annual Earnings		
Previous year Untaxed		
Current Year Estimated Earnings		
Current year Estimated Untaxed		
Current year Child Support		
Current year Unemployment		

	Student	Father	Mother
Previous year Annual Earnings			
Previous year Untaxed			
Current year Estimated Earnings			
Current year Estimate Untaxed			
Current year Child Support			
Current year Unemployment			

Documentation Provided:

- Copy of previous year Tax Return
- Letter from Unemployment Office stating amount of benefits
- Letter from Previous Employer stating last day of employment and why (i.e. fired, laid off, etc)

Other: _____

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. If asked, I agree to give proof of the information I have given. I also realize that if I do not give proof when asked, the student may be denied financial aid. If I receive federal student aid based on incorrect information, I will have to pay it back; I may also have to pay fines and fees.

Student's Signature

Date

Student's Spouse Signature

Date

Student's Parent(s) Signature

Date

STOP OFFICE USE ONLY

FA Advisor's Signature: _____ Date: _____

Financial Aid Advisor's Comments: _____

PROFESSIONAL JUDGEMENT RECOMMENDATION

APPROVED

DENIED

Signature

Date

COMMENTS:
