This form is used by students/families who feel they have special circumstances which are not reflected on their 2015 – 2016 FAFSA (Free Application for Federal Student Aid). Please complete and return this form to the Financial Aid Office with all supporting documentation at the same time. Dependent students will need to include parent information/documentation in their request.

- **STEP 1:** DCCC must receive your 2015-2016 FAFSA results before a determination is made.
- **STEP 2:** DCCC must receive documents to complete a federal verification process before an internal review takes place.
- **STEP 3:** Supporting documents required will depend upon individual circumstances. (Taxes, pay stubs, medical bills, etc)
- **NOTE:** This process may take 30-45 days once all completed documentation is received.
- **REMEMBER:** Reviews do not guarantee student financial aid eligibility and the Financial Aid Office decision is final.

**Check condition for review:**

- Loss of job/ change of income for (circle one): student spouse parent
- Medical and/or dental expenses paid out by family.
- Death in the family after submission of FAFSA
- Other circumstances beyond one’s control (circle one): student spouse parent

**Briefly explain the circumstances you feel warrant consideration for re-evaluation of your financial aid eligibility.**

Submit all required documentation to the Financial Aid Office.
- IRS 2014 tax return transcript with W-2s for student and spouse or parents for dependent students.
- Verification forms as directed (to print form www.davidsonccc.edu financial aid section).
- Documentation of projected 2015 earnings and income for student and spouse or parents as appropriate. (final pay stub, unemployment statement, etc.)
- Copies of unreimbursed payment of medical/dental expenses.
- If death in the family (copy of death certificate).

For loss of job or change in income for student, spouse, parent(s) provide the following information:

**Independent Student:**
- *Date of loss of job or change in income occurred*
- *2015 projected/estimated earnings for the year*
  (If student/spouse worked any of 2015, attach copy of last pay stub)
- *2015 projected taxed and untaxed income such as child support, unemployment benefits, etc.* (Documentation required)

**Dependent Student:** (must have parent information)
- *Date of loss of job or change in income occurred*
- *2015 projected/estimated earnings for the year*
  (If student or parents worked any of 2015, attach copy of last pay stub)
- *2015 projected taxed and untaxed income such as child support, unemployment benefits, etc.* (Documentation required)

**Name____________________________ Student ID#_________________________ Telephone Number_________________________**

DATE RECEIVED IN FA OFFICE __________________