



LAST NAME		FIRST NAME		MI	
STUDENT ID		KCTCS E-MAIL ADDRESS			
ADDRESS		PHONE			
CITY		STATE		ZIP	

This form is used to re-evaluate your eligibility for 2019-20 financial aid. We will act on your request for a re-evaluation only after receiving supporting documentation which confirms your circumstance(s). Please be aware that a re-evaluation does not guarantee an increase in your financial assistance. An increase depends on the availability of funds and demonstrated financial need. Decisions may take 4-6 weeks.

I am officially requesting a recalculation of income for the 19-20 school year.

- I have provided the following documentation (if selected for verification):
  - Completed Verification Worksheet
  - Copies of 2017 federal tax return transcripts/returns
  - Copies of 2018 federal tax return transcripts/returns
  - Copies of my W2s and my spouse's and parents' (if applicable)

**Option 1: Loss or change of employment**

	<b>Student</b>	<b>Spouse</b>	<b>Parent 1</b>	<b>Parent 2</b>
<input type="checkbox"/> Loss of Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Change of employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reduced employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What date did the change occur? \_\_\_/\_\_\_/\_\_\_\_\_

I am providing the following documentation to support the change in income:

- Last check stub showing year-to-date income
- Termination statement from employer
- Statement of unemployment compensation
- Statement of loss of unemployment
- Other: \_\_\_\_\_

Briefly provide any further explanation to clarify the changes:

**Option 2: Death, Divorce, or Separation**

	<b>Student</b>	<b>Spouse</b>	<b>Parent 1</b>	<b>Parent 2</b>
<input type="checkbox"/> Death	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Divorce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What date did the change occur? \_\_\_/\_\_\_\_/\_\_\_\_

I am providing the following documentation to support the change:

- Copy of death certificate
- Copy of divorce decree
- Written, notarized documentation of separation

### Option 3: Other special circumstances

		<b>Student</b>	<b>Spouse</b>	<b>Parent 1</b>	<b>Parent 2</b>
<input type="checkbox"/> Other circumstance	for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What date did the change occur? \_\_\_/\_\_\_\_/\_\_\_\_

Describe the special circumstance:

I am providing the following documentation to support the change:

- 
- 
- 
- 

*I agree that all supplied documentation and information is true and accurate to the best of my knowledge. I understand that requesting a recalculation does not guarantee I will receive grant funds. I understand that income from my spouse, parents (if applicable), and myself, all factor into the formula. I recognize that KCTCS is simply acting as an agent to exclude portions of my income that no longer contribute to my household.*

Student Signature: _____	Date: _____
Parent Signature: _____	Date: _____

<b>Financial Aid Office Use Only</b>	
FA Comment: _____	
Signature: _____	Date: _____