



FOR OFFICE USE ONLY

APPROVED _____ DENIED _____

Date _____ Initials _____

2026-2027 STUDENT SPECIAL CONDITIONS

If financial circumstances regarding you and/or your family have changed significantly since you filed for financial aid, please provide the following information and/or documentation. Information from this form and supporting documentation you provide will be reviewed to determine if we can consider your request. Any adjustment made to your financial aid eligibility must meet Federal Compliance Audit guidelines.

Student Name

Student Social Security or ID Number

Mailing Address

Phone Number

City

State

Zip Code

Instructions:

- In a written statement on a separate page, clearly explain the circumstances that resulted in a loss of family income from the 2024 tax year to the current tax year. Please include your name, SS# and Student ID#.
- Complete all sections of this form and sign.
- Provide the Financial Aid Office with any additional documents that are requested.
- Mail or fax the completed form and supporting documents to:

SMCC Financial Aid Office
1156 College Drive
Summit, MS 39666
Fax: (601) 276-3888

I. Check the appropriate condition under which you are requesting a re-evaluation of your financial aid eligibility. Attach all required documentation to this form.

____ You and/or your parents earned money in 2024, but are presently unemployed and expect to earn substantially less income in the current tax year.

____ You and/or your parents were divorced or separated during the 2024 tax year. If divorced, you must supply a copy of the final divorce decree. If separated, you must provide a statement from the appropriate attorney indicating the date of separation and verification that the divorce has been initiated or a notarized statement from each of your parents indicating date of separation and reason(s) the divorce has not been initiated as of the date of appeal.

____ There has been a change in the family income situation due to the death of a spouse or parent. Please provide a copy of the spouse's or of the parent's death certificate or a copy of the obituary.

____ Medical Expenses: Please provide documentation showing that you, your spouse, or your parents paid medical expenses that exceeded 15% of your yearly income. Documentation that shows medical expenses have not and will not be paid by health insurance or other healthcare providers is most helpful.

____ You and/or your parents received a one-time payment (i.e. inheritance, lump sum retirement or IRA distribution, gambling winnings, etc.) You must attach a separate sheet that identifies the source of the one-time income.

____ Other – If this is checked, please explain on a separate sheet and attach appropriate documents.

II. Current Income Information

You must report all income you have received from January 1 through today of the current tax year. Also, report an estimate of all income you will receive from today through December 31 of the current tax year. **YOU MUST ATTACH DOCUMENTATION OF ALL INCOME.**

Documentation examples are as follows: recent pay stub with year-to-date earnings, W-2 form, a letter from your employer stating your earnings, etc.

Income for Current Tax Year	Actual January 1 - Today	Estimated Today - December 31	Total
Expected income earned from work by Student and/or spouse (wages, salaries, tips, net Business/farm income)			
Other taxable income (dividends, interest, pensions, Annuities, alimony, unemployment compensation, Capital gains, etc.)			
Aid to families with dependent children (AFDC/ADC, SNAP or TANF)			
Child Support Received			
Other untaxed income (earned income credit, Welfare benefits, worker's comp., payments to IRA/Keogh, etc.)			
Total Income for current tax year			

III. Student Certification

IMPORTANT: Please read carefully before signing. This is considered a legal statement of certification for authenticity and intent purposes.

I hereby certify that all information contained in or attached to this request for re-evaluation status, including my personal statement and other documentation, is true and correct to the best of my knowledge. I swear or affirm that I have not knowingly or intentionally provided any false statements or fraudulent documents. I understand this application is being filed jointly by all applicable signatories. I further affirm that I understand that if I receive Federal student aid based on incorrect information, I will be required to repay these funds and that I may also be assessed penalties and fees.

Student Signature

Date

Spouse Signature

Date

Parent Signature

Date

NOTE: Do not forget to attach appropriate documentation. This request will not be considered if all information is not fully completed and/or attached.