



**2025-2026 REQUEST FOR RECALCULATION
OF FINANCIAL AID ELIGIBILITY**

Spartanburg Community College – Financial Aid Office
131 Community College Drive, Spartanburg, S.C. 29303-4759
Phone: (864) 592-4810 Toll Free: 1-888-591-3810

Student Name _____ SCC ID _____

Mailing Address _____

Home Phone _____ Work/Cell Phone # _____

If your family's financial situation has changed significantly since completing the **2025-2026 Free Application for Federal Student Aid**, you may request that these changes be taken into consideration. Information from this form, the student file, and supporting documentation will be used to determine if eligibility for financial aid can be recalculated. You must provide documentation in support of the information provided on this form.

I. Check the appropriate condition under which you are requesting a recalculation of financial aid eligibility for the 2025-2026 academic year.

_____ **Parental Reduction in Income:** One of the student's parents (or stepparent) income will be significantly less in 2024 or 2025 than in 2023 due to a change in job, reduction in the number of hours worked (company change or illness), retirement, layoffs, continuing education, loss of benefits, etc.

_____ **Student Reduction in Income:** Student's or spouse's income will be significantly less in 2024 or 2025 than it was in 2023 due to a change in job, reduction in the number of hours worked (company change or illness), retirement, layoffs, continuing education, loss of benefits, 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.

_____ **Student Marriage:** The student married after completing the Free Application for Federal Student Aid (FAFSA).

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

II. Complete the enclosed 2025-2026 Institutional Verification Form (IVF) and collect all the documentation requested.

Note: Please submit a copy of your "actual" 2023 and 2024 IRS Tax Return or Tax Return Transcript for Recalculation Request.

[illegible]

- You must document the loss of a job or benefits by providing statements from your employer and/or the agency that reduced benefits. Statements should contain documentation of the total amount of earnings and/or benefits received for the 2023, and 2024 and/or 2025 calendar year(s).
- 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 2023 and/or 2024 and/or 2025 calendar year(s).
- Medical expenses should be the amount that insurance would not pay.
- Changes in family situations such as marriage, death, divorce, or separation must also be documented by copies of official documents.

CERTIFICATION

By signing this Request for Recalculation 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.

Parent Signature _____ Date _____
(if dependent)