



FOR OFFICE USE ONLY

APPROVED _____ DENIED _____

Date _____ Initials _____

UNUSUAL CIRCUMSTANCE 2024-2025

If financial circumstances regarding you and/or your family have changed significantly since you have submitted the 2024-2025 Free Application for Federal Student Aid (FAFSA), please provide the following information and supporting documentation. The submission of this form is a request for the Office of Financial Aid to review special conditions of loss/reduction in income, change in marital status, death of a spouse/parent, unusual medical expenses, or other unforeseen circumstances. Any adjustment made to your financial aid eligibility must meet Federal Compliance Audit guidelines.

Student's Last Name First Name M.I. Student ID Number

Student's Street Address (include apt. no.) Student's Home Phone or Cell Number

City State Zip Code Student's Date of Birth

What you should submit with this form:

- Mail or fax the completed form and supporting documents to:
MDCC Financial Aid Office
PO Box 668
Moorhead, MS 38761
Fax: (662) 246-6328

I. Check the appropriate condition under which you are requesting a re-evaluation for additional documentation requirements:

____ **Divorce**
Student and spouse or parent(s) of dependent student have divorced or separated AFTER submitting the original FAFSA.

Additional Documentation:

____ Copy of final divorce decree or petition for divorce (if divorced),

____ **Death of a Spouse or Parent**

Student's spouse (whose information is on the FAFSA) deceased AFTER the initial FAFSA was submitted.
Student's parent deceased before/after completing the FAFSA.

Additional Documentation:

____ Copy of the applicable death certificate

____ **Legal Guardianship**

Additional Documentation:

____ Copy of legal guardianship document filed with courts

II. 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.

Print Student's Name

Student's ID Number

Student's Signature

Date

Spouse's Signature

Date

Parent's 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.**

Mississippi Delta Community College does not discriminate on the basis of age, race, color, national origin, religion, sex, sexual orientation, gender identity or expression, physical or mental disability, pregnancy, or veteran status in its educational programs and activities or in its employment practices. The following person has been designated to handle inquiries regarding the non-discrimination policies: Steven J. Jones, Vice President of Administrative Services, Tanner Hall, Suite 202, P. O. Box 668, Moorhead, MS 38761, 662-246-6304; EEOC@msdelta.edu.