

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

Dear West Kentucky Community & Technical College Financial Aid,

I am officially requesting a recalculation of my income for the 2018-19 school year.

- I have provided the following **MANDATORY** documentation:

- Completed Verification Worksheet
- Copies of my 2016 & 2017 federal tax return transcripts or personal copy of taxes with student signature included.
- Copies of my 2016 & 2017 W2s and my spouse's and parents' (if applicable)

Option 1: Loss or change of employment

	Student	Spouse	Parent 1	Parent 2
<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

Briefly provide explanation to clarify the changes: _____

Option 2: Death, Divorce, or Separation

	Student	Spouse	Parent 1	Parent 2
<input type="checkbox"/> Death		<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

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

What date did the change occur? ____/____/____

Describe in detail the special circumstance:

I am providing the following documentation to support the change (required):

- _____
- _____
- _____
- _____

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 full grants or even any grants. I understand that income from my spouse, parents (if applicable), and myself all factors into the formula. I recognize that WKCTC is simply acting as an agent to exclude portions of my income that no longer contributes to my household.

SIGNATURE: _____ DATE: _____

Return completed form to: Financial Aid Office, WKCTC, P O Box 7380, Paducah, KY 42002-7380

Financial Aid Office Use Only

FA Comment: _____

Signature: _____ Date: _____

KCTCS is an equal opportunity employer and education institution