



Hinds Community College
Office of Financial Aid
2025-2026
Request to Re-Evaluate
Financial Aid Eligibility
Independent

A. STUDENT INFORMATION

Last Name First Name M.I. ID Number **(REQUIRED)** Phone number

If you or your spouse's financial situation has changed significantly since you filed for financial aid, please provide additional information and documentation. Information from this form, supporting documentation you provide, and data in your financial aid file will be reviewed to determine if we can consider your request. Any adjustment made to your financial eligibility must meet Federal Compliance Audit guidelines.

	Student	Spouse
Previous year Annual Earnings		
Previous year Untaxed		
Current year Estimated Earnings		
Current year Child Support		
Current year Unemployment		

Documentation provided:

- ☐ Copy of previous year Tax Return
- ☐ Letter from Unemployment Office stating amount and benefits
- ☐ Letter from Previous Employer stating last day of employment and why (*i.e. fired, laid off, etc.*)

B. CERTIFICATION AND SIGNATURE

By signing this worksheet, I (we) certify that all the information reported is complete and correct. **CERTIFICATION:** All of the information provided by others and me (the student) on this form and attached documentation is true and complete to the best of my knowledge. If asked, I agree to give any additional proof of special or unusual circumstances or provide an explanation of why specific information cannot be provided. I understand that to be considered for a dependency override, I must provide **ALL** detailed information requested. I also understand that the determination of this request is **FINAL** and **CANNOT** be appealed.

Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.

Student Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Email: finaid@hindsgcc.edu - Contact us: 601-857-3223

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STOP – OFFICE USE ONLY

FA Advisor's Signature: _____

Date: _____

Financial Aid Advisor's Comments: _____

PROFESSIONAL JUDGMENT RECOMMENDATION

☐ **APPROVED**

☐ **DENIED**

Signature

Date

COMMENTS: _____
