# Hinds Community College
## Office of Financial Aid
## 2026-2027
## Request to Re-Evaluate Financial Aid Eligibility
## Dependent

**A. STUDENT INFORMATION**

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

If you or parent'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** | **Parent** |
|---|---|---|
| Previous year Annual Earnings | | |
| Current year Estimated Earnings | | |
| 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 re-evaluation, I must provide **ALL** detailed information requested. I also understand that the determination of this request is **FINAL** and **CANNOT** be appealed.

Student Signature:_____ Date:_____

Parent Signature:_____ Date:_____

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

WARNING: Purposely giving false or misleading information may lead to a fine, imprisonment or both.