



FOR OFFICE USE ONLY

APPROVED _____ DENIED _____

Date _____ Initials _____

STUDENT SPECIAL CONDITIONS 2026-2027

If financial circumstances regarding you and/or your family have changed significantly since you have submitted the 2026-2027 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:

- A written detailed statement on a separate page, clearly explain the circumstance(s) that resulted in a loss of family income from the 2024 tax year to the 2026 tax year.
- IRS Data Retrieval Tool, copy of 2024 Tax Return Transcript(s), or signed 1040 tax forms for student and parent(s), or student and spouse (if married),
- Copy of all 2024 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married),
- Additional documentation, as indicated below, for the special circumstance(s),
- 2026-2027 Verification worksheet
- 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:

____ Reduced Income Due to Loss of Employment or Changes in Employment State

Student/spouse/parent(s)'s income earned from work in 2026 will be significantly less than income earned from work in 2024 due to layoff, termination, reduced hours, or reduced wages.

Additional Documentation:

____ Termination/Change of Status notice from employer(s) pm letterhead (as applicable).

____ Copy of last pay stub from employer(s) showing year to date earnings,

____ Copy of documentation to verify year-to-date unemployment benefits and severance pay (if applicable).

_____ **Unusual Medical/Dental Expenses**

Student and spouse, or parent(s) of dependent student paid medical/dental expenses that were not claimed as a tax deduction on the 2024 Federal Income Tax Return and exceed 15% of the 2024 Adjusted Gross Income (AGI).

Additional Documentation:

- _____ Billing and/or insurance statements to verify expenses that were not covered by insurance,
_____ Proof of payments for expenses that were not reimbursed in 2024.

_____ **Other (i.e. Loss of Child Support, Private School Tuition, Retirement)**

Additional Documentation:

- _____ Letter from Department of Human Services (DHS) stating child support has been ended,
_____ Proof of payments/tuition statement from private school for each child attending for 2024,
_____ Letter from of separation from employer, copy of last pay stub, and statement of retirement benefits.

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.