CENTRAL PIEDMONT
COMMUNITY COLLEGE

Reconsideration Request

Warning: As per federal regulations, if you purposely give false or misleading information, you may be subject to a fine of up to $20,000, imprisonment for up to five years, or both.

Academic/Award Year 20___ - 20 ___

Student Information (Please Print)

Last Name: First Name: Middle Initial:

Student ID Number: Phone Number:

Street Address (Include Apartment Number):

City: State: Zip Code:

Central Piedmont Community College recognizes that special circumstances may affect a student's eligibility for federal financial aid. This request form is designed to document such information for review by the Financial Aid Office. Complete all sections of this form and submit along with the appropriate supporting documentation. Decisions are final and are based upon federal regulations established by the U.S. Department of Education.

To ensure an accurate income adjustment for those who have lost employment, please wait at least 90 days after the change occurred to submit a request for review of special conditions for loss of employment or benefits.

Family Members and Relationship

Please list all household members, including yourself. Independent students: include spouse and dependent children. Dependent students: include contributor(s) [parent(s)], and dependent children. Include any other person within the household that received more than 50% of their support from the student, student's spouse or contributor.

Family Member Name	Age	Relationship
		SELF

Explanation of Situation- Personal Statement

Please provide a detailed statement explaining your circumstances including how your and/or your family's financial status has changed.

CENTRAL PIEDMONT
COMMUNITY COLLEGE

☐ Check if statement of explanation or additional details are attached on a separate sheet.

CENTRAL PIEDMONT
COMMUNITY COLLEGE

Below, please check the box for all that applies and provide the corresponding required documentation.

Situation	Explanation	Documentation Required
☐ Death of Contributor or Spouse after filing FAFSA	Death of spouse or contributor after filing FAFSA	- 2024 and 2025 IRS Tax Return Transcripts, IRS W-2s and/or 1099 statements - Copy of death certificate - Social Security benefits (if applicable) - Two (2) most recent pay st
☐ Unemployed/Change or loss of income	You/spouse/contributor(s) had a significant loss of income in 2024 or 2025 due to unemployment such as involuntary job change, or uninitiated change from full-time to part-time employment etc.	- 2024 and 2025 IRS Tax Return Transcripts, IRS W-2s and/or 1099 statements - Termination letter and last pay stub. - Unemployment Payment Record - Two (2) most recent pay stub - Public or benefit assistance - Severance payment(s)
☐ Elementary/Secondary Tuition cost	Increased educational cost for other members of the family	- Paid Invoice - Letter certifying school enrollment
☐ Medical expenses (only applies if you filed a 1040 schedule A	Increase medical expenses for other members of the family	- IRS tax transcript form including Schedule A
☐ Contributor, sibling, and/or spouse enrolled in college	Contributor, sibling, and/or spouse must be enrolled at least half-time during the 2026-2027 academic year, in a state licensed institution, working toward a degree, certificate, or program leading to a recognized education credential.	- Verification of enrollment from the Registrar's office where the contributor, sibling, and/or spouse attend - Billing statement showing the amount paid out-of-pocket.
☐ Other	Other extenuating circumstances that affect your financial aid eligibility.	- Please meet with Financial Aid Counselor to see whether your situation qualifies for reconsideration

CENTRAL PIEDMONT
COMMUNITY COLLEGE

Student (spouse if applicable) Estimated Income

Provide the 2025 actual and estimated income for family and submit the corresponding supporting documentation. The review process will not begin until all supporting documentation is received.

Sources of Income	Actual amounts from 1/1/26 to today (date of appeal)	Estimate amounts from today (date of appeal) to 12/31/26	Total (estimated) amounts for 2026
Student gross earnings from employer(s)	$	$	$
Spouse gross earnings from employer(s)	$	$	$
Severance Pay	$	$	$
Investment Income: Dividends, Net Rental	$	$	$
Alimony Received	$	$	$
Capital Gains (Sale of Property, etc.)	$	$	$
IRA/Retirement Account Withdrawals	$	$	$
Pension and Annuity Income	$	$	$
S corporation & Partnership Income	$	$	$
Farm/Ranch Net Income	$	$	$
Unemployment Compensation (Gross)	$	$	$
Taxable Social Security Benefits/Disability	$	$	$
Untaxed Income			
Payment Tax-Deferred Pension and Savings Plan	$	$	$
IRA Deductions/Pay to SEP, SIMPLE, Koegh	$	$	$
Child Support Received	$	$	$
Tax Exempt Interest Income	$	$	$
Untaxed Portions of IRA Distributions	$	$	$
Untaxed Pension and Annuity Income	$	$	$
Housing, Food & Living Allowances paid to you	$	$	$
Non-Educational Veterans Benefits	$	$	$
Worker's Compensation/Disability	$	$	$
Other Income (Bills Paid on your behalf)	$	$	$
Additional Financial Information			
Child Support Paid	$	$	$
Alimony Paid	$	$	$

CENTRAL PIEDMONT
COMMUNITY COLLEGE

Contributor(s) [parent(s)] Estimated Income

Provide the 2025 actual and estimated income for family and submit the corresponding supporting documentation. The review process will not begin until all supporting documentation is received.

Sources of Income	Actual amounts from 1/1/26 to today (date of appeal)	Estimate amounts from today (date of appeal) to 12/31/26	Total (estimated) amounts for 2026
Contributor 1 gross earnings from employer(s)	$	$	$
Contributor 2 gross earnings from employer(s)	$	$	$
Severance Pay	$	$	$
Investment Income: Dividends, Net Rental	$	$	$
Alimony Received	$	$	$
Capital Gains (Sale of Property, etc.)	$	$	$
IRA/Retirement Account Withdrawals	$	$	$
Pension and Annuity Income	$	$	$
S corporation & Partnership Income	$	$	$
Farm/Ranch Net Income	$	$	$
Unemployment Compensation (Gross)	$	$	$
Taxable Social Security Benefits/Disability	$	$	$
Untaxed Income			
Payment Tax-Deferred Pension and Savings Plan	$	$	$
IRA Deductions/Pay to SEP, SIMPLE, Koegh	$	$	$
Child Support Received	$	$	$
Tax Exempt Interest Income	$	$	$
Untaxed Portions of IRA Distributions	$	$	$
Untaxed Pension and Annuity Income	$	$	$
Housing, Food & Living Allowances paid to you	$	$	$
Non-Educational Veterans Benefits	$	$	$
Worker's Compensation/Disability	$	$	$
Other Income (Bills Paid on your behalf)	$	$	$
Additional Financial Information			
Child Support Paid	$	$	$
Alimony Paid	$	$	$

CENTRAL PIEDMONT
COMMUNITY COLLEGE

Elementary and Secondary Education, and Dependent Care Expenses

Complete this section if you have elementary and secondary school costs for dependent student's sibling or independent student's child. Please provide proof of payment – receipt, cancelled check, etc.

Name of Supported Family Member	Age	Relationship	Child Care Expense	Elementary Education Expense	Secondary Education Expense	Adult Dependent Care Expense
			$	$	$	$
			$	$	$	$

Medical Expenses

Complete this section only if you have paid unusually high medical expenses for 2024 and 2025 and must provide supporting documentation.

For dependent students, report medical expenses paid by the contributor (s) whose income is reported on the FAFSA. For independent students, report medical expenses paid by you and/or your spouse.

Date Service Was Received	Name of Medical Provider (Doctor, dentist, optometrist, hospital, pharmacy, health insurance premiums, etc.)	Total Cost of Service Received (if known)	Amount Not Covered by Insurance	Amount Paid	Date You Paid	Supporting Documents Attached? Yes/No	Recurring Expense? Yes/No
		$	$	$			
		$	$	$			
		$	$	$			
		$	$	$			
		$	$	$			
		$	$	$			
		$	$	$			
		$	$	$			
		$	$	$			
		$	$	$			

CENTRAL PIEDMONT
COMMUNITY COLLEGE

Certification and Signature

Each person signing below certifies that all of the information reported on this application and any attachments provided are true and complete to the best of my knowledge. I understand that failure to provide the required documentation may result in denial of this application.

I authorize Central Piedmont's Financial Aid Office to make corrections to my original and/or subsequent Student Aid Report, if necessary. If you are a dependent student, your contributor(s) must sign.

Student Signature	Date
Spouse Signature	Date
Contributor 1 [Parent 1] Signature	Date
Contributor 2 [Parent 2] Signature	Date