www.clatsopcc.edu

Name_____   CCC ID number_____
Address_____   Phone_____
City_____   State_____   Zip_____

This form is used to request a review of your financial aid eligibility as a result of loss or reduction of employment for you, your spouse and/or your parents during the calendar year 2018.

Check the appropriate box, complete the certification statement below, and attach a signed copy of your and/or your parents 2018 federal tax return and W-@'s and signed statement of any other support.

Return this form and attachments to:

CCC Financial Aid Office- Columbia 116
1651 Lexington Avenue
Astoria, OR 97103

Important: Please submit only copies of the document we request. All attachments must be dates, signed, and reflect the name and CCC ID number of the student. Please allow a minimum of 3 weeks for processing of this form.

Note: Submission of the form does not ensure a change or increase in your award. You will be notified of the results.
_____

The information provided on this form is for: (please check one):

_____ **Parent Employment Adjustment- Parents and student must attach a signed copy of their**
          2018 Federal Income Tax Return, including all schedules and W-2's and a signed statement of
          any other source of support in 2018 such as SNAP, TANF, child support, etc.

_____ **Student (and / or spouse) Employment Adjustment- Student must attach a signed copy of**
          their 2018 Federal Income Tax Return, including all schedules and W- 2's and a signed
          statement of any other source of support in 2018 such as SNAP, TANF, child support, etc.
_____

Certification Statement: All of the information provided by me, or any other person, is true and complete to the best of my knowledge. If requested, I agree to provide further documentation for any information I have submitted to clarify my situation. I understand that purposely giving false or misleading information may subject me to fines, penalties, and/or termination of financial aid.

Student signature_____   Date_____

Parent signature (if student is dependent) _____   Date_____

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For office use only: Approved_____   Denied_____   Initials_____   Date_____
Comments:_____
_____