

Name: _____ RCC ID: _____

This appeal may be submitted if you, your spouse, or parent has experienced a significant reduction of income since the 2021 tax year. For requests related to other income adjustments or changes in circumstances, use the Special Circumstances Appeal form.

Only submit this form if all these apply:

- You have already completed the 2023-2024 FAFSA
- You have completed and/or submitted any additional information requested by the Financial Aid Office
- The loss in household income is approximately 10% or more
- Taxes have already been filed for the year you would like reviewed

IMPORTANT: Complete all sections of this appeal and attach required documentation. Submission does not guarantee an increase to your award. Please allow approximately four weeks for review/processing of this appeal, and be sure to check your email for any additional information or documentation requests.

A. Individual Requesting Appeal: Mark either or both options

___ Parent Income Adjustment | ___ Student/Spouse Income Adjustment

B. Income Year to be Reviewed: Check one___ 2022 | ___ 2023 (*check if after January 1, 2024 and 2023 taxes are filed*)

C. Write a detailed description on a separate sheet of paper (including dates) of the special circumstances that affected your/your family's financial situation for the 12-month period selected above.

D. Required Documentation: For Dependent students, **both** documents needed for students & parent(s). For Independent students, **both** documents needed for student & spouse (if applicable)

___ Copy of the applicable 2022 or 2023 [IRS Tax Return Transcript](#)(s).___ Copy of [IRS Wage and Income Transcript](#)(s) for all applicable household members, even if taxes were not required to be filed.

CERTIFICATION(s): The information I have provided is true and complete to the best of my knowledge and reflects a more accurate report of my household's ability to contribute to my 2023-2024 college expenses. I understand if I purposely give false, incomplete, or misleading information, I may be fined and face penalties.

Student Signature: _____ Date: _____

Parent Signature (if applicable): _____ Date: _____

Submit documents to: Financial Aid Advising

3345 Redwood Highway, Grants Pass, OR 97527

General Phone: 541.956.7501 **Fax:** 541.471.3585**Email:** Contact your Financial Aid Advisor based on your pathway
at <https://www.roguecc.edu/RCCfinAid/>

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