Centenary

Office of Financial Aid | PO Box 41188 | Shreveport, LA 71134 | 318.869.5137 | 318.841.7266 | finaid@centenary.edu

# DEPENDENT STUDENT REQUEST
# FOR CONSIDERATION OF CHANGE IN CIRCUMSTANCES
# 2027-2028 AWARD YEAR

You may use this document to inform the Centenary College Financial Aid Office of changes in your family's financial situation provided you have already filed the 2027-2028 Free Application for Federal Student Aid (FAFSA). Please complete all items below. If an item does not apply, place an "N/A" in the blank. You must also supply a **signed** copy your and your parent's 2026 tax return and last pay stub.

## STUDENT INFORMATION

Name_____Centenary ID#_____

Permanent Address_____Phone#_____

City/State/Zip_____

Email Address_____ CellPhone#_____

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| PARENT & STUDENT INCOME | | | | |
|---|---|---|---|---|
| | Wages from 1/1/27 to now | Wages from now until 12/31/27 | Other Expected 2027 taxed income* | Expected 2027 untaxed income** |
| Father | | | | |
| Mother | | | | |
| Student | | | | |

*Other taxable income may include dividends, alimony received, business/farm income, pensions, annuities, unemployment compensation, rent, social security,

**Untaxed income could Include payments to tax-deferred pensions, savings plans, retirement plans; child support received for all children; worker's compensation, VA non-education benefits; any other untaxed income; housing, food, and/or other living allowances; cash received or any money paid on your behalf; child support you paid; unusual medical expenses (provide documentation).

Please provide an explanation of the change in the family's financial situation, including any unexpected or "out of the ordinary" expenses which you feel we should take into consideration. If you need extra space, please use an additional sheet.

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## CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. I understand that I may be required to provide additional documentation to verify this information. If this documentation is not provided, I may not receive additional consideration. In addition, I realize that the Financial Aid Office will compare the expected income, benefits, and expense information provided with subsequent tax returns or subsequent financial aid applications. This review may affect any offer of assistance for the following academic year.

Student Signature _____ Date _____

Parent Signature _____ Date _____

_____Approved _____Not Approved By:_____Date _____

Comments _____

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