

3441 Mountain Empire Road, Big Stone Gap VA 24219 fa@mecc.edu; 276-523-7470

Godwin Hall FOX Central, Monday - Friday; 8:00 AM - 4:30 PM

Instructions for Completing Reconsideration Form (PJ)

The purpose of this form is to allow the student and/or parent(s) to submit information that will assist the Financial Aid Office in determining the student's eligibility for financial assistance. Documentation **in writing** of changes in financial circumstances resulting from one or more of the following conditions should be provided:

- Divorce or separation;
- Retirement;
- · Death of a family member;
- Natural disaster;
- · Loss of employment, significant reduction in income or benefits;
- Illness or injury resulting in unusually high medical expenses not covered by insurance;
- Other circumstances that may have caused a loss of income.

The information submitted on this form will be evaluated to determine if allowable adjustments can be made to present a more realistic picture of the family's ability to contribute to the cost of education. Adjustment of awards is subject to the availability of funds.

To address any substantial changes in your family's financial situation this form must be completed to evaluate your projected income from **July 1**, **2025 to June 30**, **2026**. To assist in the process of reconsideration, you should provide as many applicable items from the following list as pertains to your situation (or that of your parent(s)):

- If the linking tool to the IRS was not used on the FAFSA you must provide <u>signed</u> 2023 Federal Income Tax Returns
 or a 2023 IRS Tax Transcript for anyone whose information was used to complete the FAFSA.
- Year-to-date earnings (last 3 pay stub for you and/or your spouse and/or parent(s))
- Layoff notice or letter on company letterhead from employer stating the last date worked.
- Unemployment eligibility determination (V.E.C Form B-30)
- Workers Compensation determination
- Retirement benefits notification
- Veteran's benefits notification (non-educational)
- Social Security Disability Benefits Statement (for reporting purposes)
- Itemized list of medical expenses paid by you (not covered by insurance) in 2024 or 2025 (Note: These expenses
 must exceed 11% of the applicable income protection allowance (IPA) built into the formula for determination of
 a student's expected family contribution (EFC) and remaining student need.)

MECC RECONSIDERATION (PJ)

FORM 2025-2026

Student Name:			ID:		
			ed in a change in your financial situat	ion. Be as specific as	
possible and provide do	ocuments to verify	the change.			
L (We) affirm that the	information subr	mitted is correct and co	omplete and represents my/our bes	t estimate of my/our	
			Aid Office will be notified if circums	• • • • • • • • • • • • • • • • • • • •	
Student's Sig	gnature	Date	Parent's Signature	Date	
You can submit this Reto fa@mecc.edu after			cuments to the Financial Aid Office i	n person or by emailing	
July 15, 2025	luly 15, 2025 Students not enrolling in classes until the Fall 2025 semester				

It is recommended that you contact the financial aid office to schedule an appointment with one of the financial aid advisors. We can be reached by email at fa@mecc.edu or by calling 276-523-7470.

Students not enrolling in classes until the Spring 2026 semester

Students enrolling in classes during the Summer 2026 semester

November 15, 2025

April 15, 2026