

LAST NAME	FIRST NAME	STUDENT ID #	DATE OF BIRTH	PHONE NUMBER								
SAVE FORM TO COMPUTER FIRST, then COMPLETE, and CLICK SUBMIT. <u>Additional Fillable Form Instructions</u> . Submit in person, via myTRCC Student Information System, student e-mail (black out SSN's), fax, or via postal service. Provide a separate page if more space is needed that includes the student's name and ID number at the top.												
If your family financial situa 2024-2025 FAFSA, Three Riv	tion has changed significant vers College (TRC) Office of F nation. All adjustments are r	ly or extenuating c Financial Aid may m made at the discret	ircumstances has occu nake adjustments on a ion and professional ju	rred since you submitted the case-by-case basis and by udgment of the TRC Office of								
SECTION A WHAT TO	<u> </u>	guarantee arrin										
Who has the situation happened to? Student Student's Spouse Parent 1 Parent 2												
SPECIAL CIRCUMSTANC	<u>FS</u>											
(examples)	SUPPORTING DO	JUNIENTATION	N									
SIGNIFICANT CHANGE IN INCOME:	2024 (Social Sec or Court Docum Letter/notificati Copy of last pay Copy of most re 2022 & 2023 Tax (OR) signed copy source.	eurity, Unemployme ent showing chang on from employer a stub at rate prior t cent pay stub c Return Transcript y 1040 Income Tax Re	ent Benefits, Worker's e in Child Support addressing the change o reduction and the Wage and Inc	ome to be received in 2023 or Compensation, Disability, etc. in job status or reduction of pay ome Transcript from the <u>IRS</u> , 3 or/and C, and all W2's for each								
DIVORCE, SEPARATION, DEATH OF PARENT/SPC (Only if changes happened af completion of the 2024-2025	DUSE: Divorce Decree, ter Obituary with do FAFSA) Obituary) 2022 Tax Return signed copy 104	2022 Tax Return Transcript and the Wage and Income Transcript from the IRS (OR) signed copy 1040 Income Tax Return, any schedules 1,2, or/and 3, and all W2's for each source.										
UNUSUALLY HIGH MEDI EXPENSES NOT COVEREI INSURANCE:	<b>D BY</b> required by a ph	Copies of PAID receipts incurred through 2023, not paid by insurance for expenses required by a physician (not elective healthcare) and if they exceed 11% of the family's AGI for the year considered.										
OTHER:												
TYPE AN EXPLANATION BEL			TANCES:									
Is reduction of income based on 2023 tax information?												
☐ and/or 3. ☐ No, Complete Section B	, <b>C &amp; D</b> on the next page			with applicable schedules 1, 2,								
E-mail: financialaid@trcc.edu   fax 573-840-9604   call 573-840-9606   2080 Three Rivers Blvd., Poplar Bluff, MO 63901 (revised 08/07/24)												



SECTION B FAMILY SIZE (do not include any unborn children)											
The provided criteria for "dependent ch could claim as a dependent on a U.S. tax											
· · · · · ·				<ul> <li>-&gt; INSTRUCTIONS FOR INDEPENDENT STUDENTS: List below the people that are in your family size:</li> <li>Yourself &amp; your spouse if the student is married.</li> <li>The student's dependent children if the following are true: o They live with the student (or live apart because of college enrollment); o They receive more than half of their support from the student;</li> </ul>							
FIRST NAME	M.I.	LAST NAME			AGE			ATIONS			
						Yours	elf				
SECTION C EXPECTED 2024	ΙΤΛΥΛ					FITS					
SECTION CEXPECTED 2024 TAXABLE & NON-TAXABLE INCOME AND BENEFITSIf your situation occurred in 2024 (reduction not reflected on 2023 Taxes), enter income that you will receive during the 2024 calendar year (01/01/24 to 12/31/24). Complete every item, if you do not have income from a particular source, write "N/A" (non-applicable). Include the most recent 2024 pay-stub(s) and documents for each individual, indicating the year-to-date totals for 2024.											
TYPE OF INCOME				STU	DENT	SPOUSE (if married)	(if d	ent 1 ependent)	Parent 2 (if dependent)		
2024 INCOME EARNED FROM WORK:						\$	\$		\$		
2024 OTHER TAXED AND UNTAXED INCOME: Alimony, unemployment benefits, severance pay, capital gains, IRA/pension/annuity taxable interest income/dividends, disability, child support, VA non-educational bene workers' compensation, and etc.							\$		\$		
List sources of income if you entered amount above:				Amount:							
Please select the box to the right regarding taxes for the 2024 t SECTION D: PLEASE NOTE: Forms should be completed and all documenta					if submitted after January 01, 2025						
days for processing. You will be notified	of the re	esults by student e-mail.	-								
By typing my name below, I understand a signature and certifies that all the inform If I purposely give false or misleading info	ation co	ontained on this form and the	attache	ed do	ocumenta	tion subm	itted is c	omplete a	and correct.		
Student Signature:							Da	Date:			
Parent Signature:							D	Date:			
If the submit button does not work, then a	attach ti	his form to an e-mail to: finand	cialaid@	trcc.e	edu		I				

Three Rivers College is an equal opportunity institution that commits itself to the policy that there will be no unlawful discrimination against any person because of race, color, gender, sexual orientation, religion, age, disability, or national origin.

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