

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 2026-2027 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 2026-2027 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 2025 tax return and last pay stub.

STUDENT INFORMATION

Name _____ Centenary ID# _____
Permanent Address _____ Phone# _____
City/State/Zip _____
Email Address _____ CellPhone# _____

PARENT & STUDENT INCOME				
	Wages from 1/1/26 to now	Wages from now until 12/31/26	Other Expected 2026 taxed income*	Expected 2026 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.

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

_____ Approved _____ Not Approved By: _____ Date _____
Comments _____

