

**2024-2025
PRIOR DEPENDENCY APPEAL FORM**

Questions about how to complete this form?
 Call 217-786-2237 or 800-727-4161.
 Text 217-920-1096.
www.llcc.edu/financial-aid

Return completed form to:
 LLCC Financial Aid
 5250 Shepherd Road
 Springfield, IL 62703
financial.aid@llcc.edu
Electronic forms only accepted from LLCC email addresses.
 217-786-2229 fax

Student Information

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)	SSN OR STUDENT ID	DATE OF BIRTH
ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER (INCLUDE AREA CODE)		

Statement

My, _____, circumstances have not changed from the 2023-2024 school year.

Certification and Signature

WARNING: This form will be used to establish your eligibility for federal student aid funds. If you or your witnesses intentionally give false statements or misrepresentation, you may be subject to a fine, or imprisonment or both, under provisions of the United States Criminal Code.

I affirm the foregoing is true and correct to the best of my knowledge. I grant the witnesses signing this form permission to respond to inquires from LLCC concerning my circumstances.

STUDENT SIGNATURE (REQUIRED – Sign printed form.)	DATE
--	------

Office Use Only

ACTION ON APPEAL	
Financial Aid Administrator Signature	DATE