



2026-2027

PRIOR DEPENDENCY APPEAL FORM

Questions about how to complete this form?

Call 217-786-2237 or 800-727-4161.

Text 217-786-2237.

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 2025-2026 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 inquiries from LLCC concerning my circumstances.

STUDENT SIGNATURE (**REQUIRED** – Sign printed form.)

DATE

Office Use Only

ACTION ON APPEAL

Financial Aid Administrator Signature

DATE