



Family Contribution (EFC) Appeal

The SWC Financial Aid Office may be able to adjust data items used to calculate your Expected Family Contribution (EFC) and your financial need if special circumstances exist. Completing a Family Contribution Appeal is the process of allowing students/families to address income changes in the current calendar year, versus the previous year

Significant Reduction of Income (for example reduction of income due to COVID-19)

A signed statement listing the date employment ended or changed and why.

Copies of your (and your spouse's, if married) most recent paycheck stub(s) showing year-to-date earnings.

Copy of your (and your spouse's, if married) resignation, termination or layoff notification by employer.

Copy of current official documentation of unemployment compensation, disability insurance, severance pay, retirement pension pay out, and/or other documentation appropriate to your (and your spouse's, if married) situation.

Separation/Divorce which occurred after the FAFSA was completed.

A signed statement listing the date of separation/divorce, names and ages of current household members, monthly amount of child support and/or spousal support and when payments begin or are expected to begin.

If you (and your spouse, if married) no longer receive child support for one or more of the children, specify the date(s) the child support ended, how many children in the household will continue to receive child support, and how much you (and your spouse's, if married) will receive each month.

Copy of divorce decree or legal separation documents, if available.

Copy of child and/or spousal support decree, if available.

One-Time Income Received in Prior Year

This income will not be received in the current year. Examples include: capital gains from the sale of property or investment, one-time distribution from pension account, severance pay, or inheritance. Do not include: gambling winnings or lottery.

Explanation of type and amount of income that was received in the tax year and is a one-time occurrence. Also indicate how this one-time income has been spent or allocated.

Significant Reduction of Income after Military Discharge

Copy of DD Form 214, Member 4. For any employment after military discharge, please provide the following:

A signed statement listing the date employment ended or changed and why.



Copy of your (and your spouse's, if married) resignation, termination or layoff notification by employer.

Copies of your (and your spouse's, if married) most recent paycheck stub(s) showing year-to-date earnings.

Copy of current official documentation of unemployment compensation, disability insurance, severance pay, retirement pension pay out, and/or other documentation appropriate to your (and your spouse's, if married) situation.

Significant and/or Recurring Medical, Dental, or Nursing Home Expenses Not Covered by Insurance

Explanation of why these expenses are not covered by insurance

If the Federal Income Tax Return was filed with Schedule A, provide a copy of Schedule A.

Copies of billing statement(s) from provider(s).

Proof of payment (e.g. credit card statements, copies of canceled checks, bank account withdrawals, etc.) for expenses paid out of pocket.

Documentation of continuing expenses not covered by insurance.

If continuing expenses, statement from attending physician or State Disability Office.

Instructions on HOW TO REQUEST an Expected Family Contribution (EFC) Appeal:

If you have not already done so you will need to set up access through the Jag Docs platform.

Go to link: <https://swccd.verifymyfafsa.com/>

You must have a valid FAFSA on file and your name, DOB, SSN must match what you entered on your FAFSA.



Register Account

This page will automatically close and log you out in 02:38

* Required

Confirm Student Information

Information provided in the fields below must match information provided on your financial aid application - either the Free Application for Federal Student Aid (FAFSA) or the California Dream Act Application. Please ensure all four pieces of information match to what you provide on the FAFSA or Dream Act Application. If you have not submitted either application to your school, please ensure that the information below matches the information your school has on file. ?

* First Name

* Last Name

* Date of Birth

* Social security number/DREAM ID

* Preferred Email

* Confirm Email

Phone Number

Provide a phone number to subscribe to mobile phone text messages for account updates.

(Standard text message charges apply)

Register Account

1. Once you are logged on, you may request an appeal by selecting the "Manage Request" button.

StudentForms Claudia

Needs Action Manage Requests

You're all caught up right now.

Version 22.24.7917

2. Then select the PLUS + button to request the Family Contribution Appeal and provide a reason of your request. Click SUBMIT.

Add Request ✕

Family Contribution Appeal -- 2022-2023

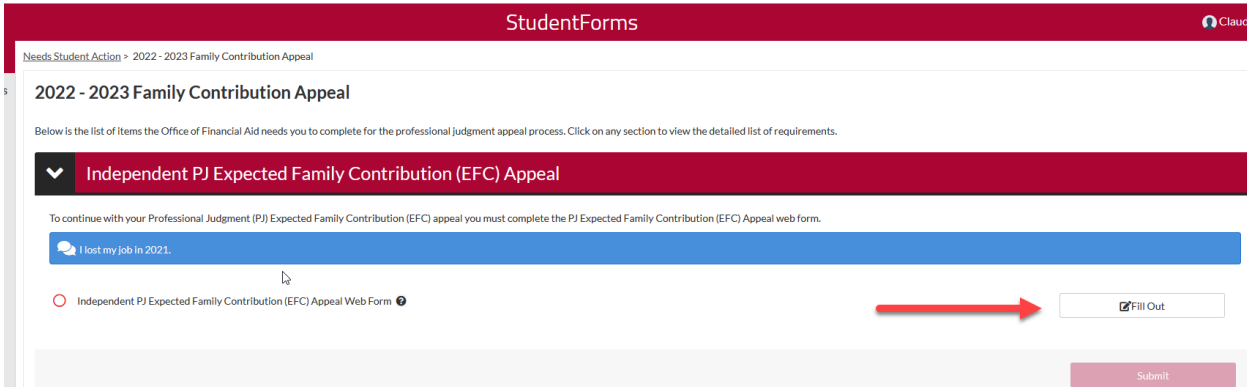
Please explain your reason for this request.

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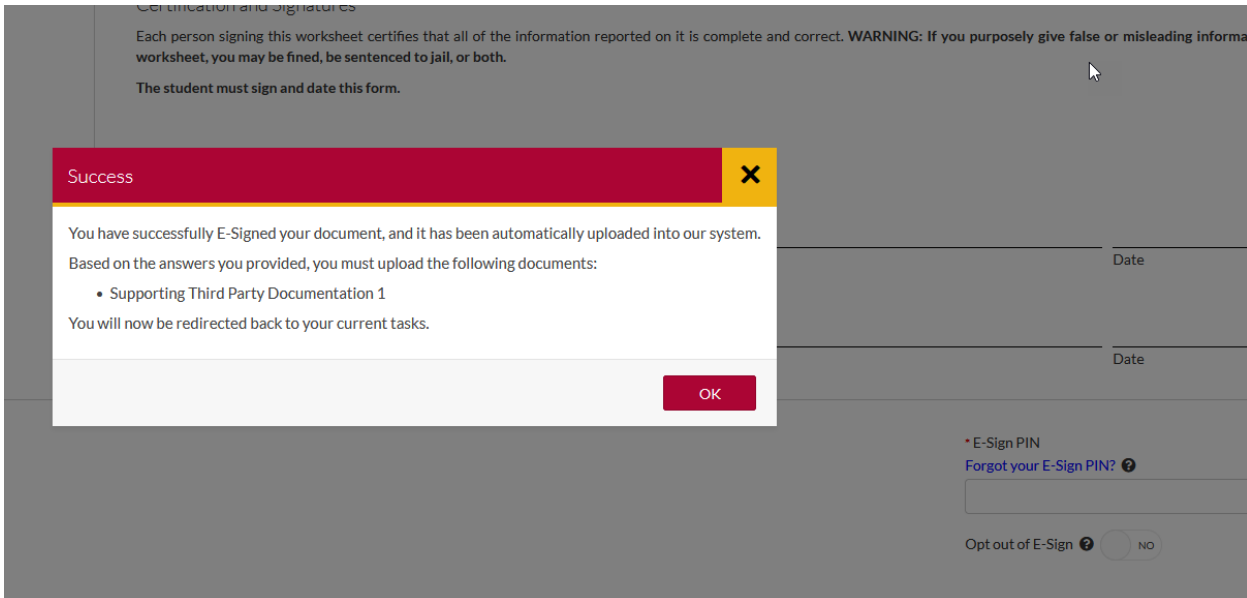
Submit Go Back



3. Once your request is created, you will be able to complete the actual appeal. Click “Fill Out” and complete the appeal.



Please note: once you fill out your appeal, you will be required to upload supporting documentation.



Upload any required supporting documentation by pressing “Upload” and then “Add Page(s)” for more than one document (i.e. taxes, bills, additional statements, current paystubs, etc.)

4. Parent appeals require a parent signature. Once your appeal is ready to be fully submitted, Press “Request” to send your parent an email request for their signature. Once your parent signs, go back to your Jag Docs to click FINISH/SUBMIT



You will be notified by Financial Aid and Scholarships when your appeal has been processed, or if any additional information is required.