

**2025-2026  
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](http://www.llcc.edu/financial-aid)

Return completed form to:  
 LLCC Financial Aid  
 5250 Shepherd Road  
 Springfield, IL 62703  
[financial.aid@llcc.edu](mailto: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 2024-2025 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 ( <b>REQUIRED – Sign printed form.</b> )	DATE
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**Office Use Only**

<b>ACTION ON APPEAL</b>	
Financial Aid Administrator Signature	DATE