

# \*\*EFFECTIVE FOR THE 2020-2021 AID YEAR\*\*

Beginning with the 2020-2021 Aid Year (Summer 20, Fall 20, and Spring 21), we will be using a <u>Financial Aid Document Portal</u> for students to upload all requested Financial Aid Forms that are listed as "Unsatisfied Requirements" in your LoLA account and any additional information that we may request to process your financial aid.

## Instructions for getting your forms in LoLA:

From LDCC Homepage www.ladelta.edu

Log onto LOLA – with your username and password

Under Self Service BANNER - click on FINANCIAL AID

Under Financial Aid Links-Click on Louisiana Delta Community College

Select the 2020 -2021 Award Year from the drop down and view your requirements

"Unsatisfied Requirements" will be displayed. Click on forms requested and a PDF form(s) should display

You must <u>first</u> save the PDF fillable form(s) on your desktop, laptop, or phone. Next, complete, sign (student and parent if needed; you may also sign with a digital signature), and upload them to the "Financial Aid Document Upload" Portal at the following link:

https://www.ladelta.edu/admissions/financial-aid/financial-aid-document-upload

**OR** at <a href="www.ladelta.edu/">www.ladelta.edu/</a>. Click on Admissions > Financial Aid > Financial Aid Document Upload (located on the side toolbar)

You must click "BROWSE", on the portal, to attach your completed form(s) for upload

#### Please check your LOLA weekly for updates



#### Office of Financial Aid 2020-2021 COVID-19 or Natural Disaster Circumstance Request Form

Monroe Campus Phone 318-345-9005 Fax 318-345-9006

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### 2020-2021 COVID-19 or Natural Disaster Special Circumstance Request Form

Student Name	Student ID				
D.O.B	Email	Email			
Ensure that Sections 1 and 2, are complete and that all of the rec submit it through our <u>Financial Aid Document Upload Portal</u> or r earliest convenience.					
Purpose The 2020-21 FAFSA takes into account 2018 tax year income.	· ·				
drastically affected by the COVID-19 Pandemic or a Natural Dissubmitting this form. Upon review, the Financial Aid Office material to be adjusted to be more equitable and representative of you	ay deem it appropriate for your FAF				
Instructions  Complete sections 1 through 3 and ALL required steps below.					
1. SPECIAL CUMSTANCE(S)					
Indicate the appropriate reason(s) and the date(s) of your fambelow. You will need to attach the required supporting circumstance(s).		_			
2 Loss of employment or change in employment due to COV	/ID-19				
<ul> <li>Letter from employer on company letterhead that incl</li> <li>Unemployment benefits determination document.</li> <li>Documentation of year-to-date income.</li> </ul>		Month/Day/Year			
② Temporary reduction in income due to COVID-19					
<ul> <li>Letter from employer on company letterhead that incl</li> <li>Unemployment benefits determination document.</li> <li>Documentation of year-to-date income</li> </ul>	udes the last date of employment.	Month/Day/Year			
<ul> <li>Loss of 2020 earnings due to disability or natural disaster (</li> <li>Documentation of disability determination.</li> </ul>	ex: tornado, hurricane, etc.)	 Month/Day/Year			

- Documentation of natural disaster.
- Documentation of year-to-date income (copies of most recent pay stubs from all employers).
- Documentation of year-to-date income

2020 family income as compared to yo	each documentation for the circumstance our 2018 income. If additional space is ne	eded, use the attached Additional
<u>Information</u> sheet. For free assistance <u>https://formswift.com/swift-student</u>	e with composing your statement/letter, y	ou may visit
nttps://formswirt.com/swirt-student		
2. STATEMENT OF ESTIMATED 2020 INCOM	E	
		(020) by indicating the annual
Estimate your family income for the entire	, vear nammary 1, 7070 to December 51, 7	
Estimate your family income for the entire amounts in each space below. If the quest	tion does not apply to you, indicate '0' - o	do not leave any lines blank.
amounts in each space below. If the quest This form will be returned to you if it is in	tion does not apply to you, indicate '0' - on the complete, and this will delay the process	do not leave any lines blank. sing of your financial
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2.

9. Other Taxed Income,

Explain:

В.	Expected 2020 Untaxed Income & Be	nefits					
Social Security			\$		<u> </u>	\$	
	2. Public Assistance		\$		9	\$	
	3. Child Support		\$		Ç	\$	
	4. Housing Allowance		\$		Ş	\$	
	5. Retirement or Disability Benefits		\$		Ş	\$	
	6. Worker's Compensation		\$		9	\$	
	7. Payments to Tax-Deferred Pensic & Savings Plans (Paid directly or withheld from earnings - include 401K & 403B plans)	ons	\$		\$	\$	
	8. Untaxed Portion of Pension		\$		!	\$	
	9. Other Untaxed Income, Explain:		\$		!	\$	
2 516	GNATURE(S)		Total: \$		Total:	\$	
Ву	signing below, I/We certify that the allowledge:	oove info	ormation is true ar	d correct to th	e best of my,	our/	
Stu	dent Signature	Date	Student Daytime Phone Number				
If C	Dependent, Parent Signature	Date	If Indep	endent and Ap	plicable, Spo	use	
		FOR	OFFICE USE ONLY				
	Special Circumstance Beaucast Assa				roctions	Voc	NI.
	Special Circumstance Request App	rovea	New EFC:	Corr	ections:	res	NO
	Special Circumstance Request Den	ied	Summer20	Fall 20	Spring 21_		-
Reas	on:						
FA Si	gnature:		Date				-

