



INDIAN RIVER STATE COLLEGE

FINANCIAL AID

Scholarship for Children and Spouses of Deceased or Disabled Veterans (CSDDV) Re-Evaluation Form

This form is for Children and Spouses of Deceased or Disabled Veterans (CSDDV) recipients who did not meet renewal requirements at the end of the Spring semester and/or have had a change that warrants re-evaluation. Please turn the form into the Financial Aid Office or Student Services.

Student's First Name: _____ Last Name: _____

Date: _____ IRSC Student Identification: _____

Address: _____
Student Address City State Zip

Email: _____ Phone Number: _____

Please indicate which of the five situations listed below pertains to this request:

- ☐ Attend another institution other than IRSC during Summer ____ (year) semester
(Hours must be listed on IRSC transcript.)
- ☐ Attended IRSC during Summer ____ (year)
- ☐ Grade change for Fall ____ (year) or Spring ____ (year)
- ☐ Exclusion of high school dual enrollment courses used in the calculation of the overall (must exclude all or nothing)
- ☐ Other: _____

FOR OFFICE USE ONLY

Hours completed during the Fall _____

Hours completed during the Spring _____ Overall GPA at the end of Spring _____

Hours completed during the Summer _____

Total hours completed all Terms _____ Overall GPA at the end of Summer _____

Date reported to State _____ By _____