

Student Name _____ Student ID _____

You have indicated on your FAFSA that you, your parent(s) or your spouse is a qualified Dislocated Worker as of the original date you filed your FAFSA for an academic year. Please review the information below to confirm this status.

As defined in the Workforce Investment Act, a Dislocated Worker is someone who falls into at least one of the following categories:

1. A person who meets all of the following requirements:
 - a. Was terminated or laid off from employment or received a notice of termination or layoff;
 - b. Is eligible for or has exhausted his unemployment compensation, or is not eligible for it because, even though he/she has been employed long enough to demonstrate attachment to the workforce, he/she had insufficient earnings or performed services for an employer that wasn't covered under a state's unemployment compensation law; and
 - c. Is unlikely to return to a previous industry or occupation.
2. A person who was terminated or laid off from employment or received a notice of termination or layoff as a result of any permanent closure of or any substantial layoff at, a plant, facility, or enterprise.
3. A person who is employed at a facility at which the employer made a general announcement that it will close within 180 days.
4. A person who is employed at a facility at which the employer made a general announcement that it will close.
5. A self-employed person (including farmers, ranchers, or fishermen) who is unemployed because of natural disasters or because of general economic conditions in his/her community.

If a person quits work, generally he or she is not considered a Dislocated Worker, even if, for example, the person is receiving unemployment benefits.

As of the original date you filed your FAFSA, who in your household qualified as a Dislocated Worker?

- No one**, I made a mistake on the FAFSA and I authorize any necessary corrections be made to my FAFSA.
- You** (Student)
- Parent 1**, Name: _____
- Parent 2**, Name: _____
- Spouse**, Name: _____

Please attach the following for EACH qualifying dislocated worker:

1. A typed statement explaining the dislocated worker's situation
2. Layoff/Termination notice from employer
3. Documents from the appropriate state's workforce commission that certify you/your parent/your spouse as a Dislocated Worker
 - a. Examples: Statement of Potential Benefits Amount letter, Payment Summary List printout
4. Copy of Federal Tax Return(s) for the appropriate tax year (required even if you utilized the IRS Data Retrieval tool when completing the FAFSA)

Certification and Signature

I certify by signing this document that all of the information on this form is complete and true.

Warning: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

Student Signature _____

Date _____

Parent or Spouse Signature _____

Date _____

Electronic signatures will not be accepted.

Submit this document in-person, by email to finaid@kilgore.edu, by fax to 903-988-7528 or by mail to KC Financial Aid, 1100 Broadway, Kilgore, TX 75662.