



# FINANCIAL AID APPEAL FORM

Your Legal Name:

Student ID:

\_\_\_\_\_  
Last: First: Middle Initial:

I am requesting an appeal for:  FALL  SPRING  SUMMER YEAR: \_\_\_\_\_

Our goal is to accurately review your family’s ability to contribute towards your educational costs and provide the most appropriate financial aid package based upon the information provided to our office. If there has been a change in your family’s circumstances and/or an unusual situation that may have occurred, you may request a review of your financial aid award.

**Reason for Appeal: I am requesting a financial aid package re-evaluation on the basis of:**

- Reduction of income** (Your income is now lower than the tax year reported on the FAFSA)
- Loss of support from external sources** (e.g. Loss of VR support, loss of Federal Pell grant or loan eligibility)
- Requesting additional institutional funds after ALL OTHER sources of financial aid have been exhausted**
- Other – Please describe:** \_\_\_\_\_

Check the box above that most accurately describes your situation. You may check more than one, if appropriate.

**PLEASE INCLUDE A SIGNED STATEMENT OUTLINING THE CIRCUMSTANCES OF YOUR APPEAL, INCLUDING SUPPORTING DOCUMENTATION FROM THIRD PARTIES (IF NECESSARY).**

**REDUCTION OF INCOME REQUESTS must also include:** Signed copies of your federal income taxes for the year reported on the FAFSA **AND** signed copies of your most recently filed federal income taxes (2019 or 2020).

I, \_\_\_\_\_, certify of the following:  
(Your Full Name)

- 1) I have submitted a signed statement with this appeal.
- 2) I have submitted all necessary supporting documentation with this appeal
- 3) I understand the submission of this appeal does not guarantee approval
- 4) If necessary, I agree to provide further proof of the information that I have given
- 5) I understand that t my appeal may be denied if I do not provide sufficient documentation
- 6) Approvals are for one academic year only. If necessary, I must reapply in subsequent years, and
- 7) All of the information provided with the submission of the appeal is true to the best of my knowledge

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(MM/DD/YYYY)