



2025-2026 Financial Aid Appeal Form

Student Name: _____ **Banner ID:** _____

If there has been a change in your family’s circumstances and/or an unusual situation that you and your family may be facing, you may request a review of your financial aid award.

To request a review please complete this application and return it with all required documentation. **All requests must include a written explanation detailing the reason for the request. You may use the space on the next page or provide an attached letter. The appeal form will not be reviewed until all documentation is received.** Depending on the time of year your appeal is received, the Office of Financial Aid may need to postpone the review of special circumstances until the next academic year’s financial aid review.

Reason for Appeal – Please check all that apply and attach required documentation.

<input type="checkbox"/> Significant loss of income due to a change in employment or loss of untaxed income <ul style="list-style-type: none"> • Date of employment change: _____ • Copy of last/most recent pay stubs for both parents in the household • Copy of parents’ 2024 Federal Tax Returns (see income worksheet, page 3) • Termination notice or letter from employer • Severance statement • Copy of unemployment benefit eligibility from Department of Labor • Documentation of untaxed income reduction & explanation of change from granting authority • Completed Income Worksheet (page 3) 	<input type="checkbox"/> Other reason not listed, including one-time income <ul style="list-style-type: none"> • Please provide a detailed description of the basis of the appeal and documentation supporting the request • We are unable to consider appeals based on circumstances that include, but not limited to <ul style="list-style-type: none"> ○ Siblings in graduate/medical/law school ○ High consumer debt ○ Personal expenses ○ Expenses that have not yet occurred
<input type="checkbox"/> Death of parent or other immediate family member <ul style="list-style-type: none"> • Documentation of medical and/or funeral expenses • Documentation of expected Social Security benefits for all family members • Documentation of other distributions from inheritance, assets, or other benefit sources including life insurance • If decrease in income, completed Income Worksheet (page 3) 	<input type="checkbox"/> High medical, educational, or family expenses <ul style="list-style-type: none"> • Medical – Documentation of medical bills paid during the 2023 tax year which were not covered by insurance. For ongoing treatments please provide documentation of cost • Private primary or secondary school –Documentation showing parental payments in 2024 and projected parent contribution for 2025 • Family – Proof of support for relatives outside the home, such as canceled checks, wire transfer records, etc.

Please keep in mind, submission of the appeal documentation does not guarantee there will be a change to your current 2025-2026 financial aid determination. Our ability to make an adjustment will depend upon the nature of the change, the level and timing of the income decrease, and its overall impact on your family’s total financial situation.



2025-2026 Income Worksheet

Student Name: _____ **Banner ID:** _____

It is standard to base your financial aid eligibility for the 2025-26 academic year on your family’s 2023 income. If your household resources are significantly different now than in 2023, financial aid eligibility may be reevaluated. In order to get a full understanding of your family’s financial situation, we will ask you to provide information for 2024 and 2025.

Please complete both sections of this Income Worksheet and then upload it with the appeal form AND supplemental documentation to Self-Service Banner (instructions below).

Section A – 2024 Required Documentation

Please include:

- 2024 Parent Federal Tax Returns including all schedules and business tax returns (we will be unable to consider changes in employment without the completed return)
- 2024 Parent W-2 Forms

2024 Untaxed income and benefits

- | | |
|---|----------|
| a. Social Security/SSI benefits received for all family members | \$ _____ |
| b. Welfare benefits, including AFDC and ADC | \$ _____ |
| c. Child support received for all children | \$ _____ |
| d. Voluntary contributions to retirement plans | \$ _____ |
| e. Other untaxed income (foreign income, untaxed, pensions, etc.) | \$ _____ |

Section B – 2025 Estimated Projected Income

Please provide an estimate to the best of your ability. We will contact you if we need additional information.	Actual Income (Year-to-Date)	Estimated Income (Present to Year-End)	Total Income
Wages, salaries, compensation from jobs			
Parent/Stepparent 1			
Parent/Stepparent 2			
Net income/loss from business (<i>U.S. Schedule C</i>) or <i>F</i>			
Severance Pay			
Alimony received			
Unemployment compensation			
Other taxable income			
2025 Untaxed Income			
Social Security/SSI benefits			
Welfare benefits, including AFDC and ADC			
Child support received			
Voluntary contributions to retirement plans i.e. 401(k)			
Support from others (friends, family, church, etc.):			
Other untaxed income (please list below):			

Upload all documents to [Self-Service Banner](#) (SSB). [Details on uploading through SSB.](#)