



## 2026-2027 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"/> <b>Significant loss of income due to a change in employment or loss of untaxed income</b> <ul style="list-style-type: none"> <li>• Date of employment change: _____</li> <li>• Copy of last/most recent pay stubs for both parents in the household</li> <li>• Copy of parents' 2025 Federal Tax Returns (see income worksheet, <b>page 3</b>)</li> <li>• Termination notice or letter from employer</li> <li>• Severance statement</li> <li>• Copy of unemployment benefit eligibility from Department of Labor</li> <li>• Documentation of untaxed income reduction &amp; explanation of change from granting authority</li> <li>• Completed Income Worksheet (<b>page 3</b>)</li> </ul>	<input type="checkbox"/> <b>Other reason not listed, including one-time income</b> <ul style="list-style-type: none"> <li>• Please provide a detailed description of the basis of the appeal and documentation supporting the request</li> <li>• We are <b>unable</b> to consider appeals based on circumstances that include, but not limited to               <ul style="list-style-type: none"> <li>○ Siblings in graduate/medical/law school</li> <li>○ High consumer debt</li> <li>○ Personal expenses</li> <li>○ Expenses that have not yet occurred</li> </ul> </li> </ul>
<input type="checkbox"/> <b>Death of parent or other immediate family member</b> <ul style="list-style-type: none"> <li>• Documentation of medical and/or funeral expenses</li> <li>• Documentation of expected Social Security benefits for all family members</li> <li>• Documentation of other distributions from inheritance, assets, or other benefit sources including life insurance</li> <li>• If decrease in income, completed Income Worksheet (<b>page 3</b>)</li> </ul>	<input type="checkbox"/> <b>High medical, educational, or family expenses</b> <ul style="list-style-type: none"> <li>• <b>Medical</b> – Documentation of medical bills paid during the 2024 tax year which were not covered by insurance. For ongoing treatments please provide documentation of cost</li> <li>• <b>Private primary or secondary school</b> – Documentation showing parental payments in 2025 and projected parent contribution for 2026</li> <li>• <b>Family</b> – Proof of support for relatives outside the home, such as canceled checks, wire transfer records, etc.</li> </ul>

**Please keep in mind, submission of the appeal documentation does not guarantee there will be a change to your current 2026-2027 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.**



**Student Name:** \_\_\_\_\_ **Banner ID:** \_\_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

I certify that, as of the date this application is signed, the information included herein is true and accurate to the best of my/our knowledge and is not falsely represented. This includes all information provided on the attached Income Worksheet. I understand the submission of an appeal does not release the student of paying the Brown University bill by the published due dates. **I understand there is no guarantee that an appeal will result in additional funding. I understand that any revisions based on this appeal does not guarantee the same adjustments will be made in future semesters and/or academic years.**

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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



## 2026-2027 Income Worksheet

**Student Name:** \_\_\_\_\_ **Banner ID:** \_\_\_\_\_

It is standard to base your financial aid eligibility for the 2026-27 academic year on your family's 2024 income. If your household resources are significantly different now than in 2024, 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 2025 and 2026.

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 – 2025 Required Documentation

**Please include:**

- 2025 Parent Federal Tax Returns including all schedules and business tax returns (we will be unable to consider changes in employment without the completed return)
- 2025 Parent W-2 Forms

#### 2025 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 – 2026 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			
<b>Parent/Stepparent 1</b>			
<b>Parent/Stepparent 2</b>			
Net income/loss from business ( <i>U.S. Schedule C</i> ) or <i>F</i>			
Severance Pay			
Alimony <b>received</b>			
Unemployment compensation			
Other taxable income			
<b>2026 Untaxed Income</b>			
Social Security/SSI benefits			
Welfare benefits, including AFDC and ADC			
Child support <b>received</b>			
Voluntary contributions to retirement plans i.e. 401(k)			
Support from others (friends, family, church, etc.):			
Other untaxed income (please list below):			

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