BRYN MAWR

Office of Financial Aid

Submit this form:
Secure Upload at IDOC
Secure Fax: (610) 526-5249

## First-Year Special Circumstance Appeal Form

Complete this application and return to our office with supporting documentation. **The Special Circumstance Appeal Form will not be reviewed until all documentation is received.** Applicants seeking an appeal for the 2025-2026 academic need to file their application and all supporting documentation **by April 1st**. The Financial Aid Committee reviews changes in income requests in accordance with our current policies, which include taking a three-year average of income which will be reviewed and updated each year if the appeal is approved.

Student Name: _____ Parent 1 Name: _____

Spouse Name: _____ Parent 2 Name: _____

Student Phone: _____ Parent 1 E-mail: _____

Bryn Mawr ID: _____ Parent 2 E-mail: _____

| **Special Circumstances** | | |
|---|---|---|
| **Please check** | **Loss of Income/Employment** | **Required Documentation** *(if applicable)* |
| ☐ | This appeal request is for significant loss in income due to termination or change in employment or one-time/non-recurring income.<br><br>Please note:<br><br>* The Financial Aid Committee reviews changes in income requests in accordance with our current policies, which include taking a three-year average of income which will be reviewed and updated each year if the appeal is approved.<br><br>*the earliest we will consider an appeal due to unemployment is generally 8 weeks from the date of termination<br><br>*changes may not be considered if income loss *for the year* is not significant<br><br>*you must notify the Office of Financial Aid if you become re-employed before the end of the year | **An ink-signed copy of the most recently submitted tax return and W2 forms are required for a review of any significant loss or change in income, in addition to the following:** Termination or change of employment:<br>➢ Copy of the last/most recent pay stub for **both** parents in the household<br>➢ Termination notice or letter of explanation from employer<br>➢ Severance statement<br>➢ Copy of unemployment benefits received from Dept. of Labor<br>➢ One-Time/Non-Recurring Income: supporting documents may include an explanation of the type, amount, and how income was used (e.g. IRA distribution, property sale, inheritance, Form 1099, etc.).<br><br>**Last day of employment/termination date: _____**<br>**Date of change in employment: _____**<br>➢ Submit documentation of reduction<br>➢ Submit explanation for change from granting authority<br><br>**Termination or reduction to *untaxed* benefits, including Social Security, child support, disability:** Upload to IDOC along with the signed copy of this form. |
| **Please check** | **Medical** | **Required Documentation** *(if applicable)* |
| ☐ | This appeal request is for extraordinary medical expenses during a determined calendar year | **Medical:**<br>➢ **Documentation of medical expenses paid that are NOT covered by insurance (bills and paid receipts, statements, etc.)**<br>NOTE: Outstanding bills and/or explanation of benefits from insurance provider is not acceptable documentation |

| Special Circumstances | | |
|---|---|---|
| **Please Check** | **Unexpected life event** | **Required Documentation** *(if applicable)* |
| ☐ | Events including:<br>➢ Death of a parent / other immediate family member<br>➢ Significant expense due to severe weather or hazardous events such as: flood, tornado, hurricane, or house fire<br><br>*please note that in a divorce situation, we will continue to consider both custodial and noncustodial parents' income and asset information | Death of parent or other immediate family member:<br>➢ Death certificate<br>➢ Documentation of funeral expenses<br><br>Severe weather / hazardous events:<br>➢ Documentation of expenses (bills and paid receipts) |

**Student/Parent Certification**

*Ink Signatures required by parent and student*

I/We 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.

I/We understand that the submission of an appeal does not release the student from the obligation of staying current with the student's account/billing statement. I/We understand that as there is no guarantee that an appeal will be approved, it is the student's responsibility to maintain good standing with the Student Account Office and his/her college Registrar.

I/We affirm that the information provided on this form and attached documentation is accurate and complete to the best of our knowledge. I/We understand that completing this form does not guarantee financial aid will be increased. I/We also understand that any revision based on this appeal information does not guarantee the same adjustments will be made in future semesters and/or academic years. For a full review of this policies, please visit our website, https://www.brynmawr.edu/inside/offices-services/financial-aid/undergraduate-students.

I/We understand that due to institutional funding limitations, students must exhaust all self-help opportunities (such as Federal Direct Loans and student employment) before they are eligible to be considered for an appeal grant.

Signature of Parent(s): _____ Date: _____

Signature of Student: _____ Date: _____

## Income, Expense and Benefits

All parts of this form are ***required***. If a particular question does not apply, fill in with a N/A or zero

**Benefits:**
Indicate a ***monthly*** dollar amount next to the benefits that your family receives (if applicable):

| **Benefit** | **Current Monthly Amount** |
|---|---|
| Housing Assistance (HUD, Section 8) | $ |
| Food Stamps (SNAP, TANF, etc) | $ |
| Utilities Assistance (HEAP) | $ |
| Free/Reduced Lunch | $ |
| Other | $ |

**Untaxed Income & Before Taxes Taxed Income:**
Complete both sections below with income (prior to exemptions, adjustments, or deductions) your family expects to receive from January 1, 2025, until December 31, 2025. IF NONE ENTER ZEROS.

| **Untaxed Income Source** | **2024 Monthly Amount** | **2025 Monthly Amount** |
|---|---|---|
| Payments tax-deferred pensions and savings plans | | |
| Social Security benefits | | |
| Retirement or disability benefits | | |
| Worker's compensation | | |
| Untaxed portion of pensions, living allowance for clergy, military, and others (include cash payments or cash value of benefits). | | |
| Child Support (payments received for ALL children) | | |
| Cash support or money paid on student's behalf | | |
| Veteran's benefits except student education | | |
| Additional source of income received by family | | |
| Total: | | |

| **Before Taxes Taxed Income Source** | **2024 Monthly Amount** | **2025 Monthly Amount** |
|---|---|---|
| Gross Wages – Parent 1 (wages, salaries, and tips) | | |
| Gross Wages - Parent 2 (wages, salaries, and tips) | | |
| Severance Pay | | |
| IRA, Pension, Annuity withdrawals from Retirement | | |
| Interest and dividend income | | |
| Business or Farm Income | | |
| Capital gains | | |
| Income received from rent after expenses, paid for mortgage interest, taxes, and insurance | | |
| Disability / SSI Benefits | | |
| Total: | | |

**Explanation of Appeal (required)**