

2022-2023 TYPE 2 APPEAL FORM

This form is used to document unexpected changes to the student and/or parent's household income during the 2022-2023 academic year for consideration of need-based aid during the 2022-2023 academic year. Our response will be based upon the review of your documentation and our limited resources. *Please allow 2-4 weeks for processing.* **Appeals must be received by August 5, 2022.**

Submit all required documentation with this form:

- ✓ Copies of the 2020 and 2021 Federal Tax Return(s) and W2 statements
- ✓ Specific documentation related to your appeal circumstances

GW Student Name	GWID	Student Email Address
Student Phone Number	Parent 1 Name	Parent Phone/Email
	Parent 2 Name	Parent Phone/Email

PLEASE INDICATE THE BASIS FOR YOUR APPEAL BELOW:

- Loss of employment for 10 weeks or longer (Please complete Section I)
- Reduction in salary or wages (Please complete Section I)
- Medical expenses that are not covered by insurance (Refer to Section II)
- Uninsured Losses or Funeral Expenses (Refer to Section II)
- Catastrophic property damage (Refer to Section II)
- Other (Please attach a letter of explanation)

SECTION I: REDUCTION IN INCOME

Submit copies of your 2021 federal taxes and W2s. If there is a reduction in income for 2022, complete this section and submit the supporting documentation.

Reason for reduced income:

- Disabled Terminated Laid Off New job with lower income Left job to attend school

Projected Income Sources

2022 Estimate

Wages, Self-Employment Income (Attach copy of most recent pay stub, letter detailing self-employment income)	
Unemployment Benefits/Worker's Compensation (Attach copy of most recent benefit statement)	
Severance Pay, Compensation for Unused Benefits (vacation time, sick time, etc.)	
Social Security Benefits (Total Received for parents and their dependent children)	
Pension/Annuity Income	
Alimony Received	
Housing, food, and other living allowances (military, clergy, cash from friends and family)	
Rental Income (gross income less expenses other than depreciation)	

SECTION II: CHANGE TO FAMILY EXPENSES

If you have had an unexpected change in your family expenses beyond your family's control that impact your ability to contribute towards educational expenses in the 2022-2023 academic year, please provide an explanation in an attached letter. Please include an itemization of all expenses and attach documentation that will help us to better understand the situation.

Some examples include:

- Unreimbursed medical expenses
- Uninsured losses and funeral expenses
- Catastrophic Property Damage

Please attach a letter to provide further explanation if there are any other factors you would like us to consider as a part of our review.

Remember to also include supporting documentation relevant to the change in circumstances.

CERTIFICATION

I certify that the above information and attached documentation is complete and accurate. I will inform the MD Program Office of Financial Aid in writing within two weeks if any changes to the above information occur OR if I receive an outside scholarship. **NOTE:** Please provide an Adobe Certified Signature if a hand signature is not possible.

Student Signature	Date
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Student's Spouse Signature	Print name	Date
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Parent (1) Signature	Print name	Date
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Parent (2) Signature	Print name	Date
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