

MD Program Office of Financial Aid

This form is used to document unexpected changes to the student and/or parent’s household income during the 2023-2024 academic year for consideration of need based aid. 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 5,2023

Submit all required documentation with this form

- ✓ Signed copies of the 2021 and 2022 Federal Tax Return(s) and W2 statements
- ✓ Specific documentation related to your appeal circumstances

GW Student Last Name	First Name	MI	GWid
	Student Email Address		Parent of Dependent Student Email Address
	Student Phone Number		Parent of Dependent Student Phone Number

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)
- Recent Change in Marital Status (Please complete Section III)
- Other (Please attach a letter of explanation)

This form is for: (check only one box) Student, Student’s Spouse, or Student’s Parent _____
Name if other than student

SECTION I: REDUCTION IN INCOME

If there is a reduction in income for 2022, submit copies of your 2022 federal taxes and W2s. If there is a reduction in income for 2023, 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	2023 Estimate
Wages, Self Employment Income <small>(Attach copy of most recent pay stub, letter detailing self employment income)</small>	
Unemployment Benefits/Worker’s Compensation <small>(Attach copy of most recent benefit statement)</small>	
Severance Pay, Compensation for Unused Benefits <small>(vacation time, sick time, etc)</small>	
Social Security Benefits <small>(Total Received for parents and their dependent children)</small>	
Pension/Annuity Income	
Alimony Received	
Housing, food, and other living allowances <small>(military, clergy, cash from friends and family)</small>	
Rental Income <small>(gross income less expenses other than depreciation)</small>	

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 next 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

SECTION III: MARITAL STATUS CHANGE

If you had a recent change in marital status, please explain the circumstances in an attached letter.

Date of marital status change: _____

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 is complete and accurate and understand that repayment will be required if income underestimation results in an over award. I will inform the Office of Student Financial Assistance in writing within two weeks if any changes to the above information occur.

Student Signature

Date

Parent Signature

Date