

SMHS Office of Financial Aid MD Program

This form is used to document unexpected changes to the student and/or parent’s household income during the 2024-2025 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 5,2024

**Submit all required documentation with this form**

- ✓ Signed copies of the 2022 and 2023 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 2023, submit copies of your 2023 federal taxes and W2s. If there is a reduction in income for 2024, 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

<b>Projected Income Sources</b>	<b>2024 Estimate</b>
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:* \_\_\_\_\_

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**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.**

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Please use this secure link <https://gwu.app.box.com/f/3a87da6d669f4663bc7a5fb35234511f> to submit documents in PDF format. If you have issues using the link, you may submit documents PDF password protected via email to [medfinan@gwu.edu](mailto:medfinan@gwu.edu). Please black out all SSN's. Duplicate submissions will delay processing.

**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