

This form is used to document unexpected changes to the student and/or parent's household income during the 2024-2025 academic year. Our response will be based upon the review of your documentation and funding limits. *Please allow 2-4 weeks for processing.*

Submit all required documentation with this form:

- ✓ Signed copies of the 2022 and 2023 Federal Tax Return(s) and W2 statements
- ✓ If submitting after 12/31/24, attach copies of all 2024 year end pay stubs and W2s
- ✓ 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

| Projected Income Sources | 2024 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 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