BRYN MAWR OFFICE OF FINANCIAL AID
2019-2020 Special Circumstances Form
Certification of Parent Income Reduction for 2018

Student’s Name ___________________________ Student’s Bryn Mawr College ID #

The 2019-2020 financial aid application you filed was based on your parents’ 2017 income. You have indicated a reduction in your parents’ income for 2018. In order to reevaluate your application using your parents’ 2018 year-end income, please explain your circumstances below. This information is for evaluation purposes only and does not guarantee that your aid will increase. You will be notified of any action taken.

In order for us to process your appeal as quickly as possible;

1. **Complete this form.** Please give dates and explain the reason for your appeal as clearly as possible in the space below.

2. **Submit a copy of your parent’s 2018 personal and business tax returns, schedules and W-2 forms** to the Office of Financial Aid (if you have not already submitted these forms).

3. **Complete the 2018 Untaxed Income Statement** on the reverse side of this form. Please attach supporting documentation.

Date circumstances occurred: ____________________________________________________________

Reason for income reduction: (for example, loss of employment, medical disability, the death of a parent). Be as detailed as possible. Attach a separate sheet of paper if needed. Upon review additional documentation may be requested.

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If you are a Pennsylvania State resident, do not have a prior bachelor’s degree and wish to have your Pennsylvania State Grant eligibility reviewed on the basis of your parents’ reduced income, you must contact PHEAA (1-800-692-7392). Residents of other states should contact their state agency to request information regarding that state’s reduced income policy.

(OVER)
2019-2020 Special Circumstances Form
Certification of Parent Untaxed Income for 2018

2018 Untaxed Income

Payments to tax-deferred pensions and savings plans $__________________
Social Security benefits $__________________
Retirement or disability benefits $__________________
Worker’s compensation $__________________
Welfare benefits including AFDC, ADC $__________________
(excluding food stamps) or TANF
Untaxed portion of pensions, living allowance for clergy, military and others $__________________
(include cash payments or cash value of benefits).
Child support payments which was received for ALL children $__________________
Cash support or money paid on students’ behalf $__________________
Veterans benefits except student education $__________________

Total 2018 Untaxed Income $__________________

All information submitted on this form is true and correct, to the best of my knowledge.

Signature of Student Date  Signature of one Parent Date