## Appealing your Financial Aid

We recognize that families occasionally experience changes in income or resources during the application process or the academic year. An appeal to your financial aid award should be submitted when a family can document a significant change in financial circumstances, or when a family’s circumstances have changed after the applications for financial aid have been filed.

If you believe you have a special circumstance and would like to appeal your financial aid award, please submit a statement along with supporting documentation to finaid@brynmawr.edu. Additional documentation may be requested during the review of your appeal. Appeals are decided by a Financial Aid Committee, and their decision is final.

Please note that due to institutional funding limitations, students must exhaust all self-help opportunities (such as Federal Direct Loans and student employment) before they are eligible to be considered for an appeal grant.

Although considerations for specific situations are limited, we may be able to give additional consideration as described below:

| Loss of Employment or Earned Income | ▪ A 3-year average will be used for those requesting an alternate tax year. Please complete this form.  
▪ 2019 Federal Tax Return and W-2s.  
▪ Copy of last pay stub from all employers.  
▪ Termination notice (occurred at least 8 weeks ago).  
▪ Severance Statement (if applicable).  
▪ Unemployment benefits (if applicable). |
| Loss of Untaxed Income or Benefits | ▪ Explanation of loss.  
▪ Notice of termination of child support.  
▪ Termination notice of: disability benefits, social security, worker’s compensation, etc.  
▪ List amount of social security benefits each member of the household will receive. |
| One-Time/Non-Recurring Income | ▪ Explanation: type, amount, and how income was used (ex. IRA distribution, property sale, inheritance, Form 1099 etc.). |
| Medical Expenses | ▪ If you itemize deductions, attach Schedule A from the most recent tax year.  
▪ If you do not itemize deductions, provide a list (date, type, amount) of unusually high medical, dental, or prescription expenses not covered by insurance or third party. Total amounts by the calendar year: 2018, 2019, 2020 (as applicable). |
| Divorce or separation of parents | ▪ Date of action; also divorce decree or rental agreement, utility bills, etc.  
▪ Listing of separation of assets. |
| Death of a parent | ▪ List date of death.  
▪ Death certificate or obituary notice.  
▪ Documentation of proceeds of estate distributions including inheritance, pensions, and Social Security benefits that you expect to receive. |
| Other | ▪ Describe circumstance and related financial impact.* |

*Please refer to circumstances that will not be considered on our website at www.brynmawr.edu/financial-aid/appealing-your-financial-aid-award.