

BRYN MAWR

Projected 3-year Average Form

Office of Financial Aid

Submit this form:

Secure Upload to [IDOC](#)

Secure Fax: (610) 526-5249

You have been identified as receiving an appeal grant previously. Per our policy, a three-year average of income is required and will be reviewed and updated each year. Please complete this application and upload the documents to College Board IDOC. **Once you have uploaded the documents to IDOC, please notify us via email at finaid@brynmawr.edu.**

Student Name: _____

Spouse Name: _____

Student Phone: _____

Bryn Mawr ID: _____

Student Date of Birth: _____

Parent 1 Name: _____

Parent 2 Name: _____

Parent 1 E-mail: _____

Parent 2 E-mail: _____

Required Documentation *(if applicable)*

- An ink-signed copy of the most recently submitted federal tax return, including schedules and W2 forms for both parents, including stepparents
- Most recently submitted business return(s) *if applicable*
- [Non-Tax Filer Statement](#) and current tax year verification of non-filing letter through [irs.gov](https://www.irs.gov) if parent(s) did not file a federal tax return

****All documents should be uploaded to College Board IDOC. Please notify our office once uploaded via email (finaid@brynmawr.edu). If you are unable to upload documents, please contact our office at (610) 526-5245.***

Income, Expense and Benefits

All parts of this form are required. If a particular question does not apply, fill in with a N/A or zero

Benefits:

Indicate a monthly dollar amount next to the benefits that your family receives (if applicable):

Benefit	Current Monthly Amount
Housing Assistance (HUD, Section 8)	\$
Food Stamps (SNAP, TANF, etc.)	\$
Utilities Assistance (HEAP)	\$
Free/Reduced Lunch	\$
Other	\$

Untaxed Income & Before Taxes Taxed Income:

Complete both sections below with income (prior to exemptions, adjustments, or deductions) your family expects to receive from January 1, 2025, until December 31, 2025. IF NONE ENTER ZEROS.

Untaxed Income Source	2024 Monthly Amount	2025 Monthly Amount
Payments tax-deferred pensions and savings plans		
Social Security benefits		
Retirement or disability benefits		
Worker's compensation		
Untaxed portion of pensions, living allowance for clergy, military, and others (include cash payments or cash value of benefits).		
Child Support (payments received for ALL children)		
Cash support or money paid on student's behalf		
Veteran's benefits except student education		
Additional source of income received by family		
Total:		

Before Taxes Taxed Income Source	2024 Monthly Amount	2025 Monthly Amount
Gross Wages – Parent 1 (wages, salaries, and tips)		
Gross Wages - Parent 2 (wages, salaries, and tips)		
Severance Pay		
IRA, Pension, Annuity withdrawals from Retirement		
Interest and dividend income		
Business or Farm Income		
Capital gains		
Income received from rent after expenses, paid for mortgage interest, taxes, and insurance		
Disability / SSI Benefits		
Total:		

Student/Parent Certification

Ink Signatures required by parent and student

I/We certify that, as of the date this application is signed, the information included herein is true and accurate to the best of my/our knowledge and is not falsely represented.

I/We affirm that the information provided on this form and attached documentation is accurate and complete to the best of our knowledge. I/We understand that completing this form does not guarantee financial aid will be increased. I/We also understand that any revision based on this information does not guarantee the same adjustments will be made in future semesters and/or academic years.

I/We understand that due to institutional funding limitations, students must accept all self-help opportunities (such as Federal Direct Loans and student employment) to be eligible to be considered for an appeal grant.

Signature of Parent(s): _____

Date: _____

Signature of Student: _____

Date: _____