



Special Circumstance Appeal Form

Complete this application and return to our office with supporting documentation. **The Special Circumstance Appeal Form will not be reviewed until all documentation is received.** The Financial Aid Committee reviews changes in income requests in accordance with our current policies, which include taking a three-year average of income which will be reviewed and updated each year if the appeal is approved.

Student Name: _____

Parent 1 Name: _____

Spouse Name: _____

Parent 2 Name: _____

Student Phone: _____

Parent 1 E-mail: _____

Bryn Mawr ID: _____

Parent 2 E-mail: _____

Special Circumstances		
Please check	Loss of Income/Employment	Required Documentation <i>(if applicable)</i>
☐	This appeal request is for significant loss in income due to termination or change in employment or one-time/non-recurring income. Please note: * The Financial Aid Committee reviews changes in income requests in accordance with our current policies, which include taking a three-year average of income which will be reviewed and updated each year if the appeal is approved. *the earliest we will consider an appeal due to unemployment is generally 8 weeks from the date of termination *changes may not be considered if income loss <i>for the year</i> is not significant *you must notify the Office of Financial Aid if you become re-employed before the end of the year	An <u>ink-signed</u> copy of the most recently submitted tax return and W2 forms are required for a review of any significant loss or change in income, in addition to the following: Termination or change of employment: ➤ Copy of the last/most recent pay stub for both parents in the household ➤ Termination notice or letter of explanation from employer ➤ Severance statement ➤ Copy of unemployment benefits received from Dept. of Labor ➤ One-Time/Non-Recurring Income: supporting documents may include an explanation of the type, amount, and how income was used (e.g. IRA distribution, property sale, inheritance, Form 1099, etc.). Last day of employment/termination date: _____ Date of change in employment: _____ ➤ Submit documentation of reduction ➤ Submit explanation for change from granting authority Termination or reduction to <i>untaxed</i> benefits, including Social Security, child support, disability: Upload to IDOC along with the signed copy of this form.
	Medical	Contact the Office of Financial Aid by phone or email: (610) 526-5245 finaid@brynmawr.edu

Special Circumstances		
Please Check	Unexpected life event	Required Documentation <i>(if applicable)</i>
☐	Events including: ➤ Death of a parent / other immediate family member ➤ Significant expense due to severe weather or hazardous events such as: flood, tornado, hurricane, or house fire *please note that in a divorce situation, we will continue to consider both custodial and noncustodial parents' income and asset information	Death of parent or other immediate family member: ➤ Death certificate ➤ Documentation of funeral expenses Severe weather / hazardous events: ➤ Documentation of expenses (bills and paid receipts)

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 understand that the submission of an appeal does not release the student from the obligation of staying current with the student's account/billing statement. I/We understand that as there is no guarantee that an appeal will be approved, it is the student's responsibility to maintain good standing with the Student Account Office and his/her college Registrar.

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 appeal information does not guarantee the same adjustments will be made in future semesters and/or academic years. For a full review of this policies, please visit our website, <https://www.brynmawr.edu/inside/offices-services/financial-aid/undergraduate-students>.

I/We understand 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.

Signature of Parent(s): _____

Date: _____

Signature of Student: _____

Date: _____

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, 2026, until December 31, 2026. IF NONE ENTER ZEROS.

Untaxed Income Source	2025 Monthly Amount	2026 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	2025 Monthly Amount	2026 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:		

Explanation of Appeal (required)