



Amherst College

Office of Financial Aid

2024-2025 Financial Aid Appeal Form

Student Name: _____ Parent 1 Name: _____

Student Phone: _____ Parent 2 Name: _____

Student ID: _____ Parent Email: _____

Please complete this application and return to our office with the additional documentation requested. This form is **not** required; you may submit a letter instead of this form. **Appeals will not be reviewed until all documentation is received.** Depending on the time of year your appeal is received, the Office of Financial Aid reserves the right to postpone the review of special circumstances until the next academic year's financial aid review.

Appeals are based on information not previously reported on the financial aid application. Please note that we are unable to consider appeals based on circumstances that include but are not limited to:

- High consumer debt
- Personal expenses (pets, cars housekeepers, vacations, sports, etc.)
- Expenses that have not yet been incurred or paid

	Reason for Appeal	Supporting Documentation
<input type="checkbox"/>	Significant loss of income in 2023 due to termination, change in employment, retirement, or disability. Please note that we can only consider changes in income in 2024 as part of the January Review.	<ul style="list-style-type: none">• Complete 2023 Federal Tax Return and W-2s (US Income)• Complete 2023 Tax and Wage Documentation (International Income)• Any other tax forms, such as business returns• Termination notice/severance statement from employer
<input type="checkbox"/>	Termination or reduction to untaxed benefits , including Social Security, child support, and disability:	<ul style="list-style-type: none">• Documentation of reduction• Explanation for change from granting authority
<input type="checkbox"/>	One-time income received in 2022.	<ul style="list-style-type: none">• Complete 2023 Federal Tax Return and W-2s (US Income)• Complete 2023 Tax and Wage Documentation (International Income)• Any other tax forms, such as business returns
<input type="checkbox"/>	Death of parent or other immediate family member	<ul style="list-style-type: none">• Documentation of medical and/or funeral expenses• If there is a decrease in income, complete the Income/Expense form• Documentation of expected Social Security benefits for all family members• Documentation of other distributions from inheritance, assets, or other benefit sources including life insurance

<input type="checkbox"/>	Correction to income or asset information reported on the original financial aid application	<ul style="list-style-type: none"> Detailed description of error and correction Documentation of correct amount (for example, if mortgage value and debt was misreported, a copy of the mortgage statement and most recent assessment of home should be sent)
<input type="checkbox"/>	Fluctuation in exchange rate (International Students)	If a currency exchange rate changes 10% or higher than the rate used in an initial award determination, students can request a review of the rate once per academic year.
<input type="checkbox"/>	Medical expenses	Documentation of medical bills paid, with proof of payment. Please note that the Explanation of Benefits (EOB) from the insurance provider is not acceptable documentation.
<input type="checkbox"/>	Sibling educational expenses	<p>For educational expenses for a sibling that have not been reported in the financial aid application.</p> <ul style="list-style-type: none"> If the sibling is enrolled in private secondary school or an undergraduate program, official documentation showing tuition, enrollment status, and expected graduation date If the sibling is in a graduate or professional program, a financial aid letter from the school indicating a required parental contribution
<input type="checkbox"/>	Parent educational loan payments	Documentation of the parents' student loan payments.
<input type="checkbox"/>	Support for extended family	Documentation of support to relatives outside the immediate family (cancelled checks, wire transfer records, statement from recipient indicating amount received, etc.)
<input type="checkbox"/>	Other reason not listed	Please provide a detailed description of the basis of appeal and documentation supporting your request for consideration.

Student/Parent Certification

I/We understand that:

- The submission of an appeal does not release the student from the obligation of staying current with the Student Account.
- There is no guarantee that an appeal will be approved and that it is the student's responsibility to maintain good standing with the Student Account.
- 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.
- The student will be notified via e-mail with the outcome of the appeal decision.

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.

Signature of Parent(s): _____ Date: _____

Signature of Student: _____ Date: _____