



AMHERST COLLEGE

Office of Financial Aid

Financial Aid Appeal Form

Student Name: _____ Parent 1 Name: _____

Student Phone: _____ Parent 2 Name: _____

Parent E-mail: _____

Complete this application and return to our office with the additional documentation requested. **The Appeal Form 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.

Please check	Reason for Appeal	Required Documentation
<input type="checkbox"/>	<p>Significant loss income due to termination or change in employment</p> <p>Please note: * an appeal due to unemployment will be reviewed as part of our January Review process</p> <p>*changes may not be considered if income loss for the year is not significant</p> <p>*you must notify the Office of Financial Aid if you become re-employed before the end of the year</p>	<p>Termination or change of employment:</p> <ul style="list-style-type: none"> ✓ 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 benefit eligibility ✓ Income/Expense Form <p>Last day of employment/termination date: Date of change in employment:</p> <p>Termination or reduction to untaxed benefits, including Social Security, child support, disability:</p> <ul style="list-style-type: none"> ✓ Documentation of reduction ✓ Explanation for change from granting authority
<input type="checkbox"/>	<p>Unexpected life event</p> <p>*Please note that in a divorce situation, we will continue to consider both custodial and noncustodial parents' income and asset information</p>	<p>Death of parent or other immediate family member:</p> <ul style="list-style-type: none"> ✓ Documentation of medical and/or funeral expenses ✓ If 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"/>	<p>Correction to income or asset information reported</p>	<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)

	<p>High medical, educational, or family expenses</p>	<p>Medical:</p> <ul style="list-style-type: none"> ✓ Documentation of medical bills <i>paid</i> during prior tax year. If there is an ongoing condition, please provide documentation and/or estimate of treatment costs <p>NOTE: Explanation of Benefits from insurance provider is not acceptable documentation</p> <p>Educational (undergraduate):</p> <ul style="list-style-type: none"> ✓ Documentation from school showing tuition, enrollment status and expected graduation date <p>Educational (support for a full-time student in Graduate/Medical/Law School):</p> <ul style="list-style-type: none"> ✓ Copy of Financial Aid Notification indicating required parent contribution ✓ Detailed listing/documentation of support to student provided during the academic year <p>Family:</p> <ul style="list-style-type: none"> ✓ Documentation of support to relatives outside of the immediate family (cancelled checks, wire transfer records, statement from recipient indicating amount received, etc.)
	<p>Other reason not listed</p>	<ul style="list-style-type: none"> ✓ Please provide a detailed description of the basis of appeal and documentation supporting your request for reconsideration <p>NOTE: we are unable to consider appeals based on circumstances that include but are not limited to:</p> <ul style="list-style-type: none"> ✓ High consumer debt ✓ Personal Expenses (pets, cars, housekeepers, vacations, sports, etc.) ✓ Expenses that have not yet occurred or paid

Student/Parent Certification

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 Account. 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.

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.

I/We understand the student will be notified via e-mail with the outcome of the appeal decision.

Signature of Parent(s): _____ Date: _____

Signature of Student: _____ Date: _____