



First-Year 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. Applicants seeking an appeal for the 2025-2026 academic need to file their application and all supporting documentation by April 1st. 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 |
| <input type="checkbox"/> | <p>This appeal request is for significant loss in income due to termination or change in employment or one-time/non-recurring income.</p> <p>Please note:</p> <p>* The Financial Aid Committee reDCBT</p> | _____ |
| | | |
| <input type="checkbox"/> | | |

Income, Expense and Benefits

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

Benefits:

Indicate a _____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: | | |

Explanation of Appeal (required)

[Empty box for providing the explanation of appeal]