



This form is used to document unexpected changes to the student and/or parent's household income during the 2020-2021 academic year. Our response will be based upon the review of your documentation and funding limits. *Please allow 2-4 weeks for processing.*

**Submit all required documentation with this form:**

- ✓ Signed copies of the 2018 and 2019 Federal Tax Return(s) and W2 statements
- ✓ If submitting after 12/31/20, attach copies of all 2020 year end pay stubs and W2s
- ✓ Specific documentation related to your appeal circumstances

GW Student Last Name	First Name	MI	GWid
Student Email Address		Parent of Dependent Student Email Address	
Student Phone Number		Parent of Dependent Student Phone Number	

**PLEASE INDICATE THE BASIS FOR YOUR APPEAL BELOW:**

- Loss of employment for 10 weeks or longer (Please complete Section I)
- Reduction in salary or wages (Please complete Section I)
- Medical expenses that are not covered by insurance (Refer to Section II)
- Uninsured Losses or Funeral Expenses (Refer to Section II)
- Catastrophic property damage (Refer to Section II)
- Recent Change in Marital Status (Please complete Section III)
- Other (Please attach a letter of explanation)

This form is for: (check only one box)  Student,  Student's Spouse, or  Student's Parent \_\_\_\_\_  
Name if other than student

**SECTION I: REDUCTION IN INCOME**

If there is a reduction in income for 2019, submit copies of your 2019 federal taxes and W2s. If there is a reduction in income for 2020, complete this section and submit the supporting documentation.

*Reason for reduced income:*

- Disabled  Terminated  Laid Off  New job with lower income  Left job to attend school

<b>Projected Income Sources</b>	<b>2020 Estimate</b>
Wages, Self Employment Income (Attach copy of most recent pay stub, letter detailing self employment income)	
Unemployment Benefits/Worker's Compensation (Attach copy of most recent benefit statement)	
Severance Pay, Compensation for Unused Benefits (vacation time, sick time, etc)	
Social Security Benefits (Total Received for parents and their dependent children)	
Pension/Annuity Income	
Alimony Received	
Housing, food, and other living allowances (military, clergy, cash from friends and family)	
Rental Income (gross income less expenses other than depreciation)	

**SECTION II: CHANGE TO FAMILY EXPENSES**

If you have had an unexpected change in your family expenses beyond your family's control that impact your ability to contribute towards educational expenses next year please provide an explanation in an attached letter. Please include an itemization of all expenses and attach documentation that will help us to better understand the situation.

*Some examples include:*

Unreimbursed medical expenses  
Uninsured losses and funeral expenses  
Catastrophic Property Damage

**SECTION III: MARITAL STATUS CHANGE**

If you had a recent change in marital status, please explain the circumstances in an attached letter.

*Date of marital status change:* \_\_\_\_\_

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**Please attach a letter to provide further explanation if there are any other factors you would like us to consider as a part of our review.**

**Remember to also include supporting documentation relevant to the change in circumstances.**

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**CERTIFICATION**

I certify that the above is complete and accurate and understand that repayment will be required if income underestimation results in an over award. I will inform the Office of Student Financial Assistance in writing within two weeks if any changes to the above information occur.

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Student Signature

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Date

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Parent Signature

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Date