



# 2024-2025 Special Circumstances Appeal Form

Please complete both sides of this form

Return this form to:  
Wabash College Financial Aid Office  
PO Box 352, Crawfordsville IN 47933  
765-361-6166 (fax)

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Student's Name

Wabash Student ID #

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Parent's Name

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Parent's Email

Parent's Phone

Indicate the reason for your appeal:

**One-time/non-recurring income received in 2022**

*Appeals based on this circumstance are limited to **one** during the student's Wabash tenure*

**Check all that apply:**

- inheritance,  moving allowance,  prior-year Social Security payments,  severance,  
 IRA/pension distribution,  gambling winnings,  other

**Income reduction due to involuntary circumstances**

*Loss/reduction of bonus or overtime is not eligible for consideration*

**Unemployment due to involuntary circumstances**

*Voluntary retirement or job change are not eligible for consideration*

**Medical/dental/nursing home expenses**

*Amounts covered by insurance are not eligible for consideration*

**Private/parochial school expenses**

*Amounts paid for the Wabash student's younger siblings who are members of the household may be considered*

**Support of extended family**

*Amounts paid to support relatives who are unable to support themselves adequately and are not members of the household may be considered*

**Unusual debts**

**Check all that apply:**

- parent's educational loans,  legal fees due to divorce, adoption, etc.  personal debts for non-discretionary expenses (such as nursing home care),  other

**Other changes in income / other uncommon expenses**

