

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)

Student's Name		Wabash Student ID #
Parent's Na	ame	
Parent's Er	mail	Parent's Phone
Indica	te the reason for your appeal:	
0	One-time/non-recurring income received in 2022 Appeals based on this circumstance are limited to one during the state Check all that apply: □ inheritance, □ moving allowance, □ prior-year Social Security poor IRA/pension distribution, □ gambling winnings, □ other	
	Income reduction due to involuntary circumstances Loss/reduction of bonus or overtime is not eligible for consideration	1
	Unemployment due to involuntary circumstances Voluntary retirement or job change are not eligible for consideration	n
	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 me be considered	embers of the household may
	Support of extended family Amounts paid to support relatives who are unable to support themse members of the household may be considered	elves adequately and are not
	Unusual debts Check all that apply: □ parent's educational loans, □ legal fees due to divorce, adoption, non-discretionary expenses (such as nursing home care), □ other	etc. □ personal debts for
	Other changes in income / other uncommon expenses	

REQUIRED FOR ALL APPEALS. Use this space to d much detail as possible (dates, amounts, etc.). Attach a team member will contact you at the email provided or support your appeal will be requested at that time. Sub does not guarantee an increase in need-based finance.	dditional pages if needed. A Financial Aid Office the front of this form. Documents necessary to mission of this form and supporting materials
Voluntary changes of employment and expenses incurr reserve the right to request any documents deemed nec your appeal until all requested documents are received review once all requested materials have been submitted	essary to complete our review. We will not review in our office. Please allow up to two weeks for ou
Certification I understand that reporting inaccurate or incomplete intaid awarded on the basis of the inaccurate information. \$20,000, be sentenced to jail, or both if you purposely	(Warning: under federal law, you may be fined
Electronic/typed signatur	es are NOT acceptable
Parent 1/Step-parent's Signature	Date
Parent 2/Step-parent's Signature	Date