

BENNINGTON COLLEGE

Financial Aid Appeal Form

Please complete this form if you would like to request a review of your financial aid eligibility. **You must have completed your financial aid application for the award year.** Please be advised that submitting an appeal does not guarantee an adjustment to your financial aid award.

STUDENT INFORMATION

Incoming Student Returning Student

Term beginning: _____
MM/YY

NAME TODAY'S DATE

ADDRESS

PHONE EMAIL

PARENTAL INFORMATION

NAME Custodial Noncustodial

EMAIL

NAME Custodial Noncustodial

EMAIL

APPEAL INFORMATION

Should your financial need remain about the same, you can expect about the same level of funding each year. The College budgets this funding for four years at the time the student enrolls. Cause for review of your financial aid eligibility may be brought on by **SIGNIFICANT** changes in a family situation. These changes may include loss of income or resources due to death, divorce, unemployment, retirement, disability, layoff, change in child or spousal support, increased or excessive medical costs not covered by health insurance, or a change in the number of family members in the household since your original financial aid award was calculated.

Indicate which of the following best describes your situation and provide a detailed explanation on the next page:

- Change or loss of anticipated resources.
- Change or loss of income or employment.
- Increased medical expenses not covered by insurance.
- Change in family size, marital status, or number in college.
- Other considerations

Any changes to your current financial aid award will be contingent upon the type of funds available, the eligibility guidelines and regulations. The Financial Aid Committee may require further documentation before making a final appeal decision.

