Agnes Scott College
Office of Financial Aid
141 E. College Ave.
Decatur, GA 30030-3770
Phone: 404.471.6395
Email: finaid@agnesscott.edu

Financial Aid Appeal Form Due to Family Financial Changes 2027-2028

Student's Information

Last Name	First Name	M.I.	Student ASC ID Number
Student ASC Email (or personal email, if not yet enrolled):			Student's Phone Number
Parent(s) Name:			Parent's Phone Number

Need is calculated with uniformity and equity using the information available, and the college offers the best award package possible. However, we recognize there are circumstances that might warrant additional consideration, such as a significant decrease in household income from what was reported on the FAFSA.

How to appeal

- Complete and submit the 2027- 2028 FAFSA.
- If selected by the Department of Education for Verification, submit additional documentation as requested by the college.
- Complete this form and attach appropriate documentation as indicated in Section A.
- Additional information/documentation if needed will be requested.

Once a completed and signed form is received along with **all** required documentation, we will review your appeal as soon as possible. The committee's decision will be based on the individual circumstances as presented and the decision will be considered final. Students will be notified, in writing, of the appeal decision.

- **Priority deadline for processing Financial Aid Appeals is August 1, 2027. Appeals submission after this date will be at the discretion of the Office of Financial Aid.**
- **For students selected for Verification, federal regulations require that verification must be completed before a financial aid appeal can be processed. Verification may result in the request for additional documents.**
- **Submission of the Financial Aid Appeal Form may not be used to delay student account payments when due.**
- **Submission of an appeal does not guarantee an adjustment to my or my student's award.**

Please complete all applicable sections.

Student Name: _____ Student ASC ID: _____

The following are questions that will help us understand why your household is experiencing a decrease in financial resources. Please complete all sections that apply to your situation.

1. Loss or Change of Job

Which person experienced a loss of/change in income?

☐ FAFSA Parent 1 ☐ FAFSA Parent 2 □ Self □ Spouse

☐ Permanent (Effective Date: _____) □ Temporary (Exp. Return Date _____)

Reason for reduction/loss: □ Job change/layoff □ Retirement □ Reduced Commissions or Overtime
□ Other (please specify) _____

Required: Complete section B and document the change with the following information (as applicable):

1) Most recent pay stub showing new or changed salary;
2) Last pay stub from former position; and
3) Statement of any unemployment benefits received and/or expected.

2. Loss of Untaxed Income or Benefits, such as child support, unemployment, AFDC, etc.

Person receiving the benefit: □ Parent(s) □ Student

Type of benefit(s) affected: _____ Date of Change: _____

Amount received from January 1, 2027, to present $_____

Amount expected to be received from present to December 31, 2027 $_____

Required: Document the change or loss. If this is your only income change, do not complete section B.

3. Parents' Separation/Divorce or Death of a Parent

Complete only: 1) if your parents separated after the 2027-2028 FAFSA was completed,
OR

2) if a parent died after the 2027-2028 FAFSA was completed.

For parents' separation or divorce:

Which parent do you now live with? □ FAFSA Parent 1 □ FAFSA Parent 2

Date of separation/divorce _____(month/year)

Required: Complete section B and attach explanation of separation of assets (including cash, real estate, business, etc.) and child support or alimony expected to be paid/received, if applicable.

For death of a parent:

Surviving parent on FAFSA is: ☐ Parent 1 ☐ Parent 2 Date: _____(month/year)

Any additional information to make income, asset or other FAFSA adjustments will be requested by the Office of Financial Aid, as needed.

4. Unusually High Medical and/or Dental Expenses

Amount paid out-of-pocket in 2027 for medical and dental expenses, including insurance premiums. **Do not include expenses that are or will be reimbursed by insurance.**

Total paid in 2027 $_____

Required: Attach a detailed explanation of the reported expenses and include documentation such as paid receipts, pharmacy records, or your doctor's records. If this is your only income change, do not complete section B. ***Please Note: we cannot use insurance statements such as Explanation of Benefits forms showing Patient Responsibility as amounts actually paid.***

Student Name: _____ Student ASC ID: _____

Section B: 2027 Estimated Income

Awards for the 2027-2028 academic year are based on the 2025 income information that your family provided on the FAFSA. You have indicated a decrease in resources for 2027. If your household resources for 2027 will be significantly different than in 2025, financial aid eligibility **may** be reevaluated using your estimates. Estimates provided on this form should be as accurate as possible in order to avoid later adjustments to your financial aid package. **Please complete all blanks – put "0" if an item does not apply to you.**

2027 Gross Taxable Income	**Actual Income** (Year-to-date)	+	**Estimated Income** (Present-year-end)	=	**Total Income** (Add actual plus estimated)
Wages, salaries, compensation from jobs	XXXX		XXXX		XXXX
Student					
Spouse (*if applicable*)					
Father/Stepfather					
Mother/Stepmother					
Interest and Dividend Income					
Net income/loss from business (to be *reported on tax return*)					
Severance Pay					
Capital gain/loss (to be *reported on your tax return*)					
Rental income/loss (to be *reported on your tax return*)					
Taxable portions of Social Security					
Taxable portions of pension/annuity withdrawals					
Alimony **received**					
Unemployment compensation					
Other taxable income					
2027 Untaxed Income					
Veteran's non-educational benefits					
Voluntary contributions to retirements plan (*i.e. 401(k), 403(b)*)					
Housing allowance (*military and clergy*)					
Other untaxed income (*i.e. foreign income exclusion, worker's compensation, untaxed portion of pensions (no rollovers), etc.*)					
2027 Expenses					
Child support **paid**					
Alimony **paid**					
2027 Child Support Received					
Child Support **Received** (ASC Student)					
Child Support **Received** (All other dependents)	**XXX**				

Student Name: _____ Student ASC ID: _____

Section C: Additional Information

Please use this section to provide additional information describing the basis for your request, if the sections above did not allow you to explain the circumstances fully. Attach additional pages and documentation as necessary.

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Section D: Certification

By signing below, I

1. Affirm that the data contained on this form is true and complete to the best of my knowledge;
2. Acknowledge that submission of an appeal does not guarantee an adjustment to my or my student's award;
3. Understand that submission of an appeal form DOES NOT extend or otherwise alter payment due dates:
4. Recognize that submission of an appeal does not prevent the accrual of late fees on unpaid balances; and
5. Understand that if any of my projections change, I must immediately notify the Office of Financial Aid in writing.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please return completed form to:

Office of Financial Aid
Agnes Scott College
141 E. College Ave.
Decatur, GA 30030
Phone 404.471.6395

FOR OFFICE USE ONLY: _____Approved _____Denied

Adjustments_____

_____

Authorized Signature_____Title_____Date_____