

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 #

eP9

REQUIRED FOR ALL APPEALS Use this space to describe your special circumstances. Provide as much detail as possible (dates, amounts, etc.). Attach additional pages if needed. A Financial Aid Office team member will contact you at the email provided on the front of this form. Documents necessary to support your appeal will be requested at that time. **Submission of this form and supporting materials does not guarantee an increase in need-based financial aid for the 2024-2025 academic year.**

Voluntary changes of employment and expenses incurred by choice are not eligible for consideration. We reserve the right to request any documents deemed necessary to complete our review. We will not review your appeal until all requested documents are received in our office. Please allow up to two weeks for our review once all requested materials have been submitted to our office.

Certification

I understand that reporting inaccurate or incomplete information may result in a ~~change of~~ financial aid awarded on the basis of the inaccurate information. (Warning: under federal law, you may be fined \$20,000, be sentenced to jail, or both if you purposely give false or misleading information on this form.)

Electronic/typed signatures are NOT acceptable

Parent 1/Stepparent's Signature Date

Parent 2/Stepparent's Signature Date