

NAME	_
PHONE #	_
STUDENT ID # H	_

## 2025-26 PROJECTED YEAR INCOME APPEAL (STUDENT)

## WHY use this appeal form?

It is possible, but not guaranteed, that a student's eligibility for financial aid may increase if the student and/or the spouse experienced a significant reduction of income since the 2023 base year. We can utilize the 12-month period that maximizes a student's eligibility for financial aid, but the time period cannot be before the base year and cannot extend beyond the end of the academic year, June 30, 2026.

- ♦ IMPORTANT: If the student is MARRIED, there must be a reduction in the COMBINED TOTAL INCOME from all sources for the student and their spouse for the 12-month period chosen.
  - For example: If the student becomes unemployed, but the spouse's earnings increase such that their total income from all sources (not just their taxable income) will be more than their total was for 2022, DO NOT FILE THIS APPEAL.
- ♦ IMPORTANT: DO NOT FILE THIS APPEAL if you were already awarded a maximum Pell Grant (\$7,395 combined total for fall and spring) for 2025-26. You have already established maximum financial aid eligibility.

## WHO may complete this appeal form?

ONLY the student and spouse (if applicable) may use this form. A separate form is available for the parent(s) of a dependent student.

## WHEN will this appeal be processed?

The Financial Aid office works diligently to get students the most assistance available to them as quickly as possible.

Income appeals must be received by the financial aid office no later than May 2, 2026.

FA Office Use Only:							
Approved	Denied	Analyst's Signature	Date	PJ EFC			

	ease check below which 12-month pe gibility (only choose one):	riod you would	like the financial aid	d office to use to calcu	late your financial aid	
	☐ The 2024 tax year (January 1☐ The 2025 tax year (January 1☐ The current academic year (	L, 2025 – Decem	ber 31, 2025) Prov	ide your signed 2025 t	ax return if available	
<ol> <li>Indicate the person(s) whose TOTAL INCOME and BENEFITS from all sources for the period indicated abo be LESS than the total amount received in 2023:</li> <li>STUDENT and/or</li> <li>SPOUSE of student</li> <li>My/our total income and/or benefits have been, or will be, reduced because:</li> </ol>						
2.	ATTACH DOCUMENTATION to show terminated (e.g., letter from employ Report all BENEFITS, EARNINGS and	opriate agency, etc.).				
	List each employer, and each source of support, benefits, or other income for the period indicated above (A and B below)	Student (S) or Spouse (SP) (Circle one)	Amount received (to date) since Beginning of period indicated above (A)	Estimate additional amount to be received from today through the end of the period indicated above (B)	Total	
		S/SP	\$	\$	\$	
		S/SP	\$	\$	\$	
		S/SP	\$	\$	\$	
		S/SP	\$	\$	\$	
3.	<ul> <li>A. Include income from unemploymer packages, death benefits, life insuretirement accounts, Workers Com</li> <li>B. If you chose the current academic yexpected to be received through Ju</li> <li>Attach REQUIRED DOCUMENTATION (including W-2 forms) unless previous final or most recent paystub, agence spouse has earnings from a business required.</li> </ul>	urance, state disapensation, and arear above, ESTIM ne 30, 2026. For <b>DN</b> : Attach a sigusly submitted acty benefits form	ability, child support my other source of sup ATE your (and your speach item show your ned copy of your 2 and documentation on, divorce decree, a	e, spousal support, alimoport or income.  pouse's) earnings, benefit calculations on an attact  2023 IRS tax return or for each item listed abaccount statements, et	ony, withdrawals from its, and all other income hed sheet. tax return transcript love in Section 2 (e.g., ic.). If student and/or	
c c t	we hereby certify that all informatiomplete. I/we understand that false riminal prosecution; repayment of finat the student's eligibility for next yncome is not accurate. Signatures are	statements, mi ancial aid; and/o year, 2026-27, r	isrepresentations, a r denial, reduction, nay be affected if t	and deliberate omissic or withdrawal of eligib this estimate of earnir	ons may be cause for ility. I/we understand	
St	udent Signature I	Date	Spouse Signat		Date	