

W&M FINANCIAL AID

2026 - 2027 Appeal for Consideration of Special Circumstances

Name: W&M Student ID #:

You may request a reconsideration of your financial aid eligibility if you have experienced an emergency or unforeseen financial situation since submitting your FAFSA. Your appeal will be reviewed by an Appeal Committee to determine whether your circumstances qualify for an adjustment to your financial aid eligibility.

Before submitting this form, please ensure your appeal is *not* for the following reasons as these are examples of situations not eligible for a reconsideration of financial aid:

- Personal discretionary expenses (e.g. personal debt, credit cards, car payments, mortgage, student loans, etc.)
- Stock market losses
- Private school tuition (unless due to documented special accommodations need by child)
- Matching financial Aid offers from other institutions
- Voluntary job loss

Conditions for Appeal	Supporting Documentation:
<input type="checkbox"/> Loss of Employment or Reduction of Income <i>Appeals for loss of employment will only be considered 90 days after the last date of employment, as reemployment may occur within that timeframe. A re-evaluation of financial aid eligibility will be conducted once unemployment beyond 90 days has been confirmed.</i>	<ul style="list-style-type: none"> • Letter of Separation from employer • Copy of final pay stub from previous employer and most recent pay stub (if re-employed). • Copy of Severance Agreement (if applicable) • Copy of unemployment benefits or determination of ineligibility for benefits.
<input type="checkbox"/> High Out of Pocket Medical Expenses <i>The Department of Education accounts for medical expenses when determining financial aid eligibility. An appeal will not result in a change in eligibility if the out-of-pocket medical expenses do not exceed what has already been considered.</i>	<ul style="list-style-type: none"> • Submit receipts/proof for <i>out-of-pocket</i> payment(s) that have or will occur during the current period of enrollment at W&M. • Provide an itemized breakdown of medical expenses.
<input type="checkbox"/> Sibling College Expenses <i>Appeals related to sibling college expenses will only be considered if documentation is provided confirming a financial hardship caused by the out-of-pocket college costs for the sibling.</i>	<ul style="list-style-type: none"> • Provide copies of the following from the sibling's college to confirm the remaining out-of-pocket expenses: <ul style="list-style-type: none"> • Cost of Attendance • Financial Aid Offer
<input type="checkbox"/> Divorce or Separation <i>Divorce or separation alone does not eliminate the expectation that the non-custodial parent should be a contributor toward educational expenses. Reconsideration of institutional financial aid eligibility based on a divorce or separation will only be reviewed upon submission of documentation verifying that the non-custodial parent is no longer present or available to provide financial support for educational costs.</i>	<ul style="list-style-type: none"> • Copy of divorce decree/separation agreement • Submit proof of separate living residences (ex: utility bill, lease agreement), from the non-custodial parent which reflects a different residence than the custodial parent). • Supporting documentation of an extenuating circumstance confirming that the non-custodial parent is unavailable and/or unable to contribute to educational expenses.
<input type="checkbox"/> Recent Death of a Parent or Spouse <i>In the event of the death of a parent or spouse whose information was provided on the FAFSA, our office will remove their information as a contributing source of financial support.</i>	<ul style="list-style-type: none"> • Copy of death certificate • Information on death benefits such as Social Security, life insurance distributions, and/or IRA/Retirement Benefits
<input type="checkbox"/> Retirement Rollover <i>This option is applicable if there was a retirement rollover for tax year 2024 that inflated the Adjusted Gross Income and potentially impacted initial financial aid eligibility.</i>	<ul style="list-style-type: none"> • 2024 - Form 1099-R • 2024 - Federal 1040 tax return <i>signed</i> indicating rollover <i>Pages 1 and 2</i>
<input type="checkbox"/> Other	<ul style="list-style-type: none"> • Provide all supporting documentation that allows the appeal committee to see demonstrated cause and effect.

Step 1: Letter of Explanation

Please provide a detailed, typed letter of explanation specifying the circumstances prompting your request for reconsideration of financial aid eligibility.

Step 2: Estimated Income Information 2026

Do Not leave blank

Estimated Income Information

Provide projected income (taxed & untaxed) that you or your family expects to receive between 1/01/2026 12/31/2026.

ESTIMATED GROSS TAXED INCOME	Parent 1 or Step Parent	Parent 2 or Step Parent	Student	Student's Spouse
Wages, Salaries, Tips				
Severance or accrued benefits pay				
Pensions and annuities				
Interest, dividends, and capital gains				
Business or farm income/loss				
Real Estate, S-Corporation, and Partnership income/loss				
Social Security benefits (taxable)				
Property/Rental Income received from rents after expenses				
Alimony				
Unemployment compensation				
Any other taxed Income				

Estimated Untaxed Income Information

Provide projected Untaxed income (taxed & untaxed) that you or your family expects to receive between 1/01/2025 12/31/2025.

ESTIMATED GROSS UNTAXED INCOME	Parent 1 or Step Parent	Parent 2 or Step Parent	Student	Student's Spouse
Social Security benefits (include SSI and disability)				
Untaxed IRA or Pension distribution				
Worker's Compensation				
Living and housing allowance for clergy, military and others				
Child support received for all children				
Any other untaxed income and benefits				

Step 3: Signature and Certification

- I certify that all the information provided in this appeal is true and accurate to the best of my knowledge.
- I understand that if I purposely give false or misleading information, I may be fined, sentenced to jail, or both.
- I understand that the financial aid office may request additional information as part of this appeal process.
- I understand that the submission of this appeal does not guarantee a change in eligibility.

Parent Signature: _____

Date: _____

*Signatures must be handwritten. Computer fonts are not acceptable.

Student Signature: _____

Date: _____

*Signatures must be handwritten. Computer fonts are not acceptable.

Use one of the following methods to return this form:

Online Upload (preferred): <https://www.wm.edu/financialaid/box>

Fax: 757-221-2515

To protect your data, we do not accept documents via e-mail attachment

Mail: Office of Student Financial Aid
William & Mary
P.O. Box 8795
Williamsburg, VA 23187-8795

Office of Student Financial Aid
William & Mary
Blow Memorial Hall, Room 124
262 Richmond Road
Williamsburg, VA 23185