

The Office of Financial Aid welcomes you to use this form to appeal your family's financial circumstances. If your circumstances have changed from what you reported on your Free Application for Federal Student Aid (FAFSA), you may use this form to report your current status. Be sure to complete all parts of this form and attach all required documentation. Appeals will not be considered complete until all required documentation has been received.

Once your appeal has been evaluated, you will be notified in writing of the results. Please note that submission of this information does not guarantee a change in your financial aid. Ohio Wesleyan does not routinely award additional institutional aid during the academic year except in some rare cases. All requests are handled on a case-by-case basis and additional institutional aid is only provided if funds are available. In cases where more aid is awarded as a result of an appeal, funding may come in the form of federal and state aid such as grants, loans or work, or a combination of each.

In Part Two on this form you will be asked to select among various situations that are considered to be valid reasons for appeal. Please note however, that circumstances that are not valid reasons for appeal include requests for additional aid due to tuition and room & board increases, requests to help pay for educational loans that are in repayment, incurred consumer debt (i.e. car payments, credit cards, etc...), and funding to assist with *anticipated* medical expenses.

**PART ONE: Student and Parent Contact Information**

Student's Name: \_\_\_\_\_  
Last First Middle

Student's Ohio Wesleyan ID Number: \_\_\_\_\_

Student's Permanent Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip

Student's Telephone Number: \_\_\_\_\_ Student's Cell Phone Number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
Last First Middle

Parent's Telephone Number: \_\_\_\_\_ Parent's Cell Phone Number: \_\_\_\_\_

**PART TWO: Special Circumstance Designation**

Check below the special circumstance for which you are appealing and complete the pages that are indicated for the special circumstance you select.

Special Circumstance	Complete and Submit the Following
<input type="checkbox"/> <b>Involuntary unemployment or change of employment status →</b>	Page 3; PART THREE; PART FOUR
<input type="checkbox"/> <b>One-time, non-recurring income that is no longer being received →</b>	Page 4; PART THREE; PART FOUR
<input type="checkbox"/> <b>Divorce or legal separation for student or parent →</b>	Page 5; PART THREE; PART FOUR
<input type="checkbox"/> <b>Death or Disability of a parent →</b>	Page 6; PART THREE; PART FOUR
<input type="checkbox"/> <b>Loss of alimony →</b>	Page 7; PART THREE; PART FOUR
<input type="checkbox"/> <b>Loss of unemployment benefits →</b>	Page 8; PART THREE; PART FOUR
<input type="checkbox"/> <b>Loss of Social Security benefits →</b>	Page 9; PART THREE; PART FOUR
<input type="checkbox"/> <b>Loss of child support →</b>	Page 10; PART THREE; PART FOUR
<input type="checkbox"/> <b>Loss of worker's compensation →</b>	Page 11; PART THREE; PART FOUR
<input type="checkbox"/> <b>Private elementary and secondary school costs for student's siblings →</b>	Page 12; PART THREE; PART FOUR
<input type="checkbox"/> <b>Unexpected medical expenses paid that are not covered by insurance →</b>	Page 13; PART THREE; PART FOUR
<input type="checkbox"/> <b>Unplanned early retirement →</b>	Page 14; PART THREE; PART FOUR
<input type="checkbox"/> <b>Adult care expenses →</b>	Page 15; PART THREE; PART FOUR
<input type="checkbox"/> <b>Parent in college →</b>	Page 16; PART THREE; PART FOUR





























**PART THREE: Estimated Income (This section MUST be completed)**

Enter the total yearly income that the student and parents expect to receive from January 1 to December 31 of the current year from the sources indicated below. If a question does not apply, indicate zero (0) in the appropriate space.

<b>TAXABLE</b> income earned and anticipated January 1 through December 31 for the current year	<b>Parents</b>		<b>Student</b>	<b>Spouse (if married)</b>
	<b>Father</b>	<b>Mother</b>		
Wages, salaries, tips	\$	\$	\$	\$
Pensions and annuities	\$	\$	\$	\$
Interest, dividend income, or capital gains	\$	\$	\$	\$
Business and/or farm income	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Other taxable income (specify source):	\$	\$	\$	\$

<b>UNTAXED</b> income earned and anticipated January 1 through December 31 for the current year	<b>Parents</b>		<b>Student</b>	<b>Spouse (if married)</b>
	<b>Father</b>	<b>Mother</b>		
Untaxed Social Security Benefits	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Deductible IRA and/or Keogh payments	\$	\$	\$	\$
Untaxed portions of pensions (excluding rollovers) From 401K or 403B	\$	\$	\$	\$
Welfare benefits, ADC/AFDC (not food stamps)	\$	\$	\$	\$
Child support received for all family members	\$	\$	\$	\$
Education tax credits (Hope, Lifetime Learning)	\$	\$	\$	\$
Other untaxed income, benefits (specify source):	\$	\$	\$	\$

**PART FOUR: Certification**

We affirm that the information contained on this form and in the attached supporting documentation is correct and complete to the best of our knowledge. Upon request, we will provide additional documentation to substantiate any information we have provided.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon completion please return your appeal materials to:

**OFFICE OF FINANCIAL AID**  
 61 S. Sandusky Street  
 Delaware, Ohio 43015-2370  
 owufinaid@owu.edu  
 800-922-8953

OFFICE OF FINANCIAL AID USE ONLY				
<input type="checkbox"/> APP	<input type="checkbox"/> DEN	REASON:		
BY:			DATE:	
ADJUSTMENTS	AGI	TAX	UNTAX	INC. EXCLUSIONS
STUDENT/SPOUSE				
PARENTS				