BRYN MAWR OFFICE OF FINANCIAL AID

2024-2025 Special Circumstances Form

Loss of Income or Change in Employment Reconsideration

_____   _____
Student's Name   Student's Bryn Mawr College ID #

The 2024-2025 financial aid application you filed was based on your parents' 2022 income. You have indicated a reduction in your parents' income for 2024-2025. It is College policy that we will use a 3-year-average of income when there is a request for an alternate tax year. Please be aware that depending on the time of year that your request is submitted we may ask for prior or future tax year information. Please explain your new financial circumstances below. This information is for evaluation purposes only and does not guarantee that your aid will increase. You will be notified of any action taken.

To process your appeal as quickly as possible, please complete the following:

> 1. Complete this form. Please explain the reason for your appeal as clearly as possible, including relevant dates, in the space below.

> 2. Submit a copy of your parents' 2023 Federal personal and business tax returns, schedules, and W-2 forms to the Office of Financial Aid.

> 3. Complete the 2023 Untaxed Income Statement on page 2. Please attach supporting documentation.

> 4. Complete the expected 2024 Taxed and Untaxed income statement on page 3. Submit documentation of expected 2024 income with this form. Please submit payroll stubs listing 2024 year-to-date and weekly/monthly salary for your parents, a copy of the notice of unemployment benefits, any severance (if applicable), medical bills, etc. Upon review, additional documentation may be requested.

Date circumstances occurred: _____

Reason for income reduction (i.e. loss of employment, medical disability, the death of a parent). Be as detailed as possible. Attach a separate sheet of paper if needed. Additional documentation may be requested upon review.

_____
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If you are a Pennsylvania State resident, do not have a prior bachelor's degree and wish to have your Pennsylvania State Grant eligibility reviewed on the basis of your parents' reduced income, you must contact PHEAA (1-800-692-7392). Residents of other states should contact their state agency to request information regarding that state's reduced income policy.

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2023 UNTAXED INCOME

Payments to tax-deferred pensions and savings plans $_____

Social Security benefits $_____

Retirement or disability benefits $_____

Worker's compensation $_____

Welfare benefits including AFDC, ADC
(excluding food stamps) or TANF $_____

Untaxed portion of pensions, living allowance for
clergy, military, and others
(include cash payments or cash value of benefits). $_____

Child support payments
received for ALL children $_____

Cash support or money paid on student's behalf $_____

Veterans benefits except student education $_____

Total 2023 Untaxed Income $_____

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Complete both sections below with income (prior to exemptions, adjustments, or deductions) your family expects to receive from January 1, 2024 until December 31, 2024.
IF NONE ENTER ZEROS.

2024 Before Taxes TAXED INCOME

1. Parent 1 wages, salaries, and tips $__
2. Parent 2 wages, salaries, and tips $__
3. Severance Pay $__
4. Pensions and annuities $__
5. Interest and dividend income $__
6. Business or farm income $__
7. Capital gains $__
8. Income received from rents after expenses, paid for mortgage interest, taxes, and insurance $__
9. Alimony which will be received $__
10. Unemployment compensation $__
11. Any other taxed income: _____ $__

Total 2024 Before Taxes Taxed Income $_____

2024 UNTAXED INCOME

1. Payments to tax-deferred pensions and savings plans $_____
2. Social Security benefits $_____
3. Retirement or disability benefits $_____
4. Worker's compensation $_____
5. Welfare benefits including AFDC, ADC (excluding foodstamps) or TANF $_____
6. Untaxed portion of pensions, living allowance for clergy, military, and others (include cash payments or cash value of benefits). $_____
7. Child support payments received for ALL children $_____
8. Cash support or money paid on student's behalf $_____
9. Veterans benefits except student education $_____

Total 2024 Untaxed Income $_____

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All information submitted on this form is true and correct, to the best of my knowledge.

Signature of Student	Date	Signature of Parent	Date