



Financial Aid Appeal Form  
2022-2023 Academic Year

*Contact Information*

<b>Student Name:</b>	<b>Student Email:</b>	<b>Class Year:</b>
<b>Parent Name:</b>	<b>Parent Email:</b>	<b>Telephone:</b>
<b>Permanent Address:</b>		

If your family has experienced a recent **change in financial circumstances**, which were not captured within your 2020 tax information, please use this form to provide details of this change. The Director and Assistant Director of Financial Aid will review this request for “Professional Judgment” or re-evaluation of your financial aid eligibility. Please keep in mind that this request for re-evaluation neither guarantees any adjustment to your financial aid award nor does it prevent the accrual of late fees on past due student account balances.

For more information about financing options that may be available to your family to address any current unpaid account balances, please contact VMI Student Accounting Office at [cadetaccounting@vmi.edu](mailto:cadetaccounting@vmi.edu) or 540-464 7217.

Please return completed application to: Virginia Military Institute  
Financial Aid Office  
307B Letcher Avenue  
Lexington, VA 24450  
540-464-7208 (p) / 540-464-7629 (f) / [financialaid@vmi.edu](mailto:financialaid@vmi.edu)

**ALL PETITIONERS MUST PROVIDE:**

- A brief typed statement that explains the reason(s) for the change as well as supporting documentation as proof of the change in income or additional costs
- A copy of 2020 Federal Tax Return Transcripts or signed IRS 1040, 1040A or 1040EZ for **all** tax filers or W-2's for non-tax filers in the household
- Additional documentation required by the reason for the request

**AND**

- Reason for the request (please check all that apply)

# SECTION A: CHANGE IN FINANCIAL CIRCUMSTANCES

**Change in Employment/Income** (Loss of job, reduction in wages, mandatory retirement, etc.)

- **Additional required documents (as applies to situation):**
  - **Loss of employment: Documentation of unemployment, copy of separation notice and final paystub, documentation of severance package or any payout of vacation/sick days**
  - **Reduction in wages: Last 3 months of paystubs, financial outline of reduction for self-employment positions**

Which person experienced a loss of/change in income?

- Father/Step
- Mother/Step
- Self

Effective Date: \_\_\_\_\_

Reason for reduction?

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Job Change</li> <li><input type="checkbox"/> Reduced Commission or Overtime</li> <li><input type="checkbox"/> Retirement</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> New Business Start-Up</li> <li><input type="checkbox"/> Termination by Employer</li> <li><input type="checkbox"/> Other (please specify):</li> </ul> |
|---|--|

**One-time Income Gain (2020)** (IRA withdrawal or rollover, one-time capital gain, inheritance, life insurance, etc.)

- **Additional required documents (as applies to situation):**
  - **Documentation of one-time gain**

	Type of Gain	Amount
<input type="checkbox"/>	IRA Withdrawal or Roll-over	\$
<input type="checkbox"/>	One-time Capital Gain	\$
<input type="checkbox"/>	Inheritance	\$
<input type="checkbox"/>	Life Insurance	\$
<input type="checkbox"/>	Other (please explain)	\$

**Uncommon Expenses** (Medical, excessive or untypical debt, home damage, two households, etc.)

- **Additional required documents (as applies to situation):**
  - **Copies of medical bills designating the amount not covered by your medical insurance, copies of receipts/bills/debt**

Write the amount paid for any recent out of pocket expenses (Medical, excessive or untypical debt, home damage etc.) in 2021/22. For medical expenses, DO NOT include expenses that are or will be reimbursed by insurance.

Total Paid in 2021/22 \$ \_\_\_\_\_

**Parents Separation/Divorce**

- **Additional required documents (as applies to situation):**
  - **Explanation of separation of assets (including cash, home, other real estate, business, etc.) and any child support or alimony to be paid or received. All W-2's for custodial parent must be supplied.**

Complete this section if your parents separated or divorced after the 2022/23 FAFSA was completed.

Which parent do you live with? \_\_\_\_\_  
 Date of separation/divorce \_\_\_\_\_ (month/year)

**Other Circumstances**

- **Additional required documents (as applies to situation):**
  - **Please describe the circumstances, which were not captured within your 2020 tax**

**SECTION B: ESTIMATED INCOME**

The 2022/23 FAFSA is based on your family's 2020 tax information. If your household resources for 2020 are significantly different than in 2021, financial aid eligibility may be re-evaluated using your estimates. Any adjustment to your award on this basis may be tentative, until all documentation of actual 2021 income has been received. Estimates provided herein should be as accurate as possible in order to avoid later adjustments to your aid package.

**Enter "0" or "N/A" WHERE APPROPRIATE: DO NOT LEAVE ANY ITEMS BLANK.**

Income	Actual Income (2021)	Projected Income (2022)
Income from Wages, Salaries, Compensation from Jobs		
Student	\$	\$
Father/Stepfather	\$	\$
Mother/Stepmother	\$	\$

Interest and Dividend Income	\$	\$
Net income/loss from business or farm	\$	\$
Net rental/partnership/royalties/trust income	\$	\$
Interest/dividends	\$	\$
Capital gain/loss	\$	\$
Severance pay/vacation pay/sick pay	\$	\$
Unemployment compensation/disability benefits	\$	\$
Pensions/annuities	\$	\$
Alimony/spousal support	\$	\$
Social Security	\$	\$
Other taxable Income Please provide details:	\$	\$
Untaxed Income		
Child support received for all children	\$	\$
Veteran's Benefits	\$	\$
House Allowance (military, clergy, etc.)	\$	\$
Other untaxed income (i.e. foreign income exclusion, worker's compensation, untaxed pensions, SS Benefits, etc.)	\$	\$
<b>TOTALS: (TAXED AND UNTAXED)</b>	<b>\$</b>	<b>\$</b>

## SECTION C: CERTIFICATION

Please use this section to provide additional information describing the basis for your request, if the sections above did not allow you to explain the circumstances fully.

By signing below, I

1. Affirm that the data contained on this form is true and complete to the best of my knowledge.
2. Acknowledge that submission of an appeal does not guarantee an adjustment to the student's award.
3. Recognize that submission of an appeal does not prevent the accrual of late fees on unpaid balances.
4. Understand that if any of my projections change, I will immediately notify the Financial Aid Office.

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

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