

Roberts Wesleyan University recognizes that you may have a significant change of circumstance or situation in your household that affects your ability to pay. Therefore, we have an appeal process through which you may request reconsideration of the federal aid offered and Roberts need-based aid.

These are some important items to keep in mind:

- If you were selected for Verification by the U.S. Department of Education, you must complete that process before submitting an appeal.
- Submission of an appeal does not guarantee an adjustment to a student's award, does not extend the due date on a billing statement, and does not prevent late fees from being assessed to the student.
- If a change in your federal aid is approved, Roberts will also review your Roberts need-based aid.
- In the event Roberts need-based aid is adjusted and the student then declines their self-help aid (federal loans), Roberts reserves the right to retract the amount of additional Roberts need-based aid that had been awarded as a result of the appeal.
- Be sure your request is complete and includes enough information for us to understand your situation. The lack of documentation or clarification of your situation could result in a delay in the review process or a denial. You will be notified in writing once a decision is made.
- Complete each section on this form.

## STUDENT/PARENT INFORMATION

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_  
Last, First, Middle Initial

Parent Name \_\_\_\_\_  
(if dependent) Last, First, Middle Initial

Home Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## REQUIRED DOCUMENTATION

The following is required for ALL appeal circumstances.

- Personal statement explaining your situation on a separate letter and why you are requesting a reconsideration of your financial aid.
- Identification of circumstance(s) on the following page.
- Required documentation for circumstance identified in the middle column of the following page.

## CERTIFICATION AND SIGNATURES

Each person signing this form certifies that all the information reported is complete and correct. If requested, I will provide additional documentation to support my appeal. **The student and at least one parent (if dependent) must sign and date. ELECTRONIC SIGNATURE NOT ACCEPTED.**

Student's signature \_\_\_\_\_ Date \_\_\_\_\_ Parent's signature (if dependent) \_\_\_\_\_ Date \_\_\_\_\_

### STUDENT FINANCIAL SERVICES

2301 Westside Drive, Rochester NY 14624 | T 585.594.6150 | F 585.594.6036 | studentfinancial@roberts.edu

**CIRCUMSTANCE TO BE CONSIDERED FOR APPEAL: SELECT ALL THAT APPLY**

Circumstance	Required Documentation	Possible Resolution
<input type="checkbox"/> Income reported on your or your parent(s) 2024 tax return includes a lump sum or one-time source of income	<ul style="list-style-type: none"> <li>○ These can be a capital gain, lump sum distribution of retirement funds, inheritance, or other source that were not received previously and will not be received in a subsequent year. Bonus or Overtime Income cannot be considered.</li> <li>○ Submit a signed copy of your 2025 tax return and the tax document and schedule as evidence of the source of the unusual income.</li> <li>○ Provide a written explanation as to the source of the one-time payment and where the funds are at the present time (ex. investments, paid off bills, etc.).</li> </ul>	<ul style="list-style-type: none"> <li>○ Roberts may update your FAFSA to adjust your 2024 income reported for the unusual income.</li> <li>○ An adjustment to the assets reported on your FAFSA may also be required.</li> </ul>
<input type="checkbox"/> You or your parents have an unusual debt	<ul style="list-style-type: none"> <li>○ The debt could be the result of a Chapter 13 bankruptcy, garnishment, or tax lien that was caused by unemployment, loss of income, or business failure.</li> <li>○ Provide a court document or other legal documentation evidencing monthly payment, term, and balance owed.</li> <li>○ Discretionary personal debt cannot be considered.</li> </ul>	<ul style="list-style-type: none"> <li>○ Roberts may update your FAFSA to reduce your 2024 Adjusted Gross Income by the annualized payment obligation.</li> </ul>
<input type="checkbox"/> You or your parents had unusual medical or dental expenses Not covered by insurance including for nursing home or assisted care facilities for a household member	<ul style="list-style-type: none"> <li>○ If medical expenses were incurred in <u>2025</u>, provide a copy of your signed 2025 federal tax return including Schedule A. Reported expenses that exceeded 7.5% of adjusted gross income will be considered.</li> <li>○ If medical expenses are incurred in <u>2026</u>, we can only consider the amount you have already spent, not what you anticipate spending. Provide the following:               <ul style="list-style-type: none"> <li>- Complete the attached "Calculation of current total household income for 2026"</li> <li>- Attach a summary of expenses incurred (amount and to whom)</li> <li>- Evidence that insurance did not cover the expenses</li> <li>- Provide copies of paid receipts or canceled checks for the expenses paid.</li> <li>- Expenses that exceed 10% of anticipated income will be considered.</li> </ul> </li> <li>○ If you have an on-going long-term medical debt, provide evidence of the terms of repayment, the balance due, and the reason for the debt.</li> </ul>	<ul style="list-style-type: none"> <li>○ Roberts may update your FAFSA to reduce your Adjusted Gross Income.</li> <li>○ The Income and Tax information will be updated for the year the medical expense is documented.</li> </ul>
<input type="checkbox"/> Your marital status changed	<ul style="list-style-type: none"> <li>○ If the student got married after the FAFSA was filed, contact our office to determine if a change on your FAFSA would be beneficial. Changing the marital status is not required. <b>-Submit Marriage License copy and Spouse's 2025 federal taxes.</b></li> <li>○ If you, the student, separated or divorced after the FAFSA was filed and your household income is reduced, provide legal evidence of your separation/divorce or confirm the date of your separation and provide evidence of separate addresses. <b>-Submit 2025 federal taxes and W-2s."</b></li> </ul>	<ul style="list-style-type: none"> <li>○ Roberts may update your FAFSA to reflect your total current household income.</li> </ul>
<input type="checkbox"/> Your parent's marital status changed	<ul style="list-style-type: none"> <li>○ If your parent got married after the FAFSA was filed, you are not required to change the parental or income information unless it was reported incorrectly as of the date the FAFSA was filed.</li> <li>○ If your parents were separated or divorced after the FAFSA was filed, provide: -legal evidence of their separation/divorce or confirmation of the date of separation and evidence of separate addresses for each parent. -identify which parent you will be living with for the 2026-2027 academic year. <b>-Complete the attached "Calculation of current total household income for 2026."</b></li> </ul>	<ul style="list-style-type: none"> <li>○ Roberts may update your FAFSA to reflect your parent's total current household income.</li> </ul>
<input type="checkbox"/> Death of a Parent or Spouse	<ul style="list-style-type: none"> <li>○ If your parent or spouse died AFTER filing the FAFSA, provide a copy of the death certificate and your (or your parents) 2025 federal tax return (signed and including all W2's) if income was included on the FAFSA for the deceased parent or spouse.</li> </ul>	<ul style="list-style-type: none"> <li>○ Roberts may update your FAFSA to exclude income for the deceased parent or spouse.</li> </ul>
<input type="checkbox"/> Loss of Benefits	<ul style="list-style-type: none"> <li>○ This could be child support, alimony, taxable social security, unemployment, etc. that was originally reported on the FAFSA</li> <li>○ Provide benefit statement, court document, or unemployment statement evidencing date of change and amount.</li> <li>○ <b>Complete the attached "Calculation of current total household income for 2026."</b></li> </ul>	<ul style="list-style-type: none"> <li>○ Roberts may update your FAFSA to reflect your total current household income.</li> </ul>
<input type="checkbox"/> Reduction of Income from a Job Change, Retirement, Disability or Other Loss of Employment	<ul style="list-style-type: none"> <li>○ Provide documentation from your employer confirming the date last employed (copy of a termination letter, disability, unemployment)</li> <li>○ Provide a copy of your last pay stub from your previous employer</li> <li>○ Provide evidence of your new income from all sources: monthly amount and length of benefits such as unemployment, retirement/pension, or Social Security.</li> <li>○ Must be unemployed for at least 3 months in 2026</li> <li>○ Requests accepted after April 2026</li> <li>○ <b>Complete the attached "Calculation of current total household income for 2026."</b></li> </ul>	<ul style="list-style-type: none"> <li>○ Roberts may update your FAFSA to reflect your total current household income.</li> </ul>
<input type="checkbox"/> Other Circumstance affecting your family's financial ability to pay.	<ul style="list-style-type: none"> <li>○ Document the circumstance and how it affects current household income. High debts, expenses that have not yet occurred, or a parent(s) unwillingness to contribute cannot be used as basis for appeal.</li> </ul>	<ul style="list-style-type: none"> <li>○ Roberts may review your need-based financial aid.</li> </ul>

**STUDENT FINANCIAL SERVICES**

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_  
 Last, First, Middle Initial

 Parent Name \_\_\_\_\_  
 (if dependent) Last, First, Middle Initial

### CALCULATION OF CURRENT TOTAL HOUSEHOLD INCOME FOR 2026

*While recognizing that the 2026-2027 FAFSA is based on 2024 income, in instances where you are requesting a financial appeal based on a reduced or loss of income, Roberts Wesleyan University will consider the total household's current 2026 income situation for reconsideration of aid as the best measure of ability to pay.*

**Provide the following information for all household members:**

SOURCE OF INCOME	PARENT/STEPPARENT ANNUAL \$	PARENT/STEPPARENT ANNUAL \$	STUDENT ANNUAL \$	SPOUSE ANNUAL \$
Wages, Tips, Salary	\$	\$	\$	\$
Interest/Dividend Income	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Pensions and/or Annuities	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$
Social Security Benefits (taxable)	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Other:	\$	\$	\$	\$
<b>TOTAL OF ALL INCOME</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**\*Attach copies of current paystubs or benefit statements to support the information provided here.**