2024-2025 Special Circumstances Appeal Form

Please complete both sides of this form

Return the form to:
Wabash College Financial Aid Office
PO Box 352, Crawfordsville IN 47933
765-361-6166 (fax)

Student's Name	Wabash Student ID #

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REQUIRED FOR ALL APPEALSUse this space to describe much detail as possible (dates, amounts, etc.). Attach a team member will contact you at the email provided on support your appeal will be requested at that time. Submidges not guarantee an increase in need-based financial aid	dditional pages if needed. A Financial Aid Office the front of this form. Documents necessary to nissfahis form and supporting materials
Voluntary changes of employment and expenses incurred reserve the right to request any documents deemed new your appeal until all requested documents are received review once all requested materials have been submitted.	tessaryplete our review. We will not review in our office. Please allow up to two weeks for ou
Certification I understand that reporting inaccurate or incomplete information aid awarded on the basis of the inaccurate information. \$20,000, be sentenced to jail, or both if you purposely g	(Warning: under federal law, you may be fined ive false or misleading information on this form.)
Electronic/typed signatures a	are NOT acceptable
Parent 1/Steparent's Signature	Date
Parent 2/Steparent's Signature	Date