



Washington University in St. Louis

STUDENT FINANCIAL SERVICES

2023-2024 Financial Aid Award Reconsideration Request

At Washington University we recognize that each family’s financial circumstances are unique. We recognize that errors could have been made on your application or your family’s circumstances may have changed. We are happy to consider any changes in your family’s situation as part of our review process, but there is no guarantee your student’s award will change. If there’s information affecting your ability to pay for college, please share this with us.

Please complete the following for a formal review of your student’s financial aid award.

2023-2024 Prospective Student

2023-2024 Current Student

Student’s Information

Name _____ Birth Date _____

City, State _____ Phone Number _____

Student Email Address _____

Parent Name(s) _____

Parent(s) Email Address _____

Person completing this request: Student Parent

Reason for Request: Check all boxes that apply to your situation and submit the recommended supporting documents. **If you are providing us with multiple supporting documents, please be sure to submit them all together.**

Please check:	Special Circumstance:	Recommended Supporting Documents:
<input type="checkbox"/>	Loss of employment	<ul style="list-style-type: none"> • Copy of last/most recent paystub with YTD earnings • Termination/separation notice from employer • Severance statement (if applicable) • Estimated income for remainder of current year
<input type="checkbox"/>	Significant changes in income	<ul style="list-style-type: none"> • Detailed explanation. Submit tax return.
<input type="checkbox"/>	One-time income	<ul style="list-style-type: none"> • Clarification (ie. IRA distribution, sale of property, inheritance, 1099 form, etc). • Detailed explanation of how income was used
<input type="checkbox"/>	Medical expenses (not previously reported)	<ul style="list-style-type: none"> • Explanation of situation and estimate of out of pocket medical expenses paid • Estimate of future out of pocket medical expenses
<input type="checkbox"/>	Extended Family Support	<ul style="list-style-type: none"> • Explanation including name, age, relationship of person(s) and documentation of financial support for family members living outside of family household.

Please return this form to Student Financial Services at financial@wustl.edu

Washington University in St. Louis, MSC: 1041-105-20, One Brookings Drive, St. Louis, Missouri 63130-4899
(314) 935-5900, (888) 547-6670, Fax: (314) 696-0563, Email: financial@wustl.edu, Website: financialaid.wustl.edu



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<input type="checkbox"/>	Unusual expenses (ie. educational debt, natural disaster, loss of benefits to student or parent)	<ul style="list-style-type: none"> • Documentation of education expenses of parent(s) • Description of circumstances related to expense • Copy of receipts, statements (if applicable)
<input type="checkbox"/>	Marital Separation/Divorce of Parents Note: Parents must live in separate residences	<ul style="list-style-type: none"> • Documentation of separation, divorce, or verification of separate residences • Documentation of child support, family support, or maintenance support. Include support that is received or anticipated to be received.
<input type="checkbox"/>	Death of parent	<ul style="list-style-type: none"> • Copy of any life insurance to be received
<input type="checkbox"/>	Other circumstances not covered above	<ul style="list-style-type: none"> • Describe and provide supporting documentation of circumstances, including details of how this impacts your family's contribution to college expenses.

Step 2: Explanation of Special Circumstances – Provide a detailed explanation of the reason for your request. Attach additional page(s), if necessary.

Step 3: Signature

I certify that the information provided on this Financial Aid Award Appeal Request form is accurate and complete as of the signature date. I understand that this request does not guarantee a change(s) to the financial aid award and does not release me from payment of any balance due on the student's account.

Signature of person completing request:

Date: _____

Requests are typically reviewed within two weeks of receipt. If additional information is requested, additional review time will be needed. Our response to your review will be sent to the email address of the person completing this request.

Submit this form and your supporting documents to:

financial@wustl.edu

or

Student Financial Services
Washington University
MSC: 1041-105-20 One
Brookings Drive
St. Louis, MO 63130-4899

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