

Special Circumstances Request: 2024-25 Reconsideration of Aid Appeal

The appeal process is used to request consideration of special circumstances which were not evident in your original application; for example, medical expenses not covered by insurance, loss of income, unemployment, or other factors that affect your family's ability to pay for college. We are unable to consider appeals based on circumstances that include but are not limited to: personal expenses (travel, hobbies, leisure), and/or expenses that have not yet occurred. Note that aid eligibility for 2024-25 is based on a family's 2022 income and current asset information.

To request appeal consideration, complete and electronically sign this form. We recommend speaking with your financial aid adviser before submitting an appeal. All supporting documentation should be uploaded with this form. Notification of the decision by the Appeals Committee will be sent to the student's JHU email account.

Family Information

Enter your family's personal information.

Student Name: _____

Hopkins/JHED ID: _____

Student Year of Study: _____

Student Date of Birth: _____

Student Phone Number: _____

Student Email: _____

Special Circumstances: Reason

Check the appropriate box below to indicate the reason for your request for reconsideration. Please submit all requested supporting documentation using the attachment button on page 3.

Income in calendar year 2023 or 2024 is less than the 2022 income reported on the FAFSA and CSS Profile. Please provide the following documents:

- 2023 federal 1040 tax returns with all schedules,
- 2023 W2 form(s)
- Most recent earnings statements for **all** parents in household
- Family Monthly Income and Expense Statement: _____

If applicable, please also submit the following document(s):

- Termination notice or signed letter of explanation from employer (on company letterhead)
- Severance documentation
- Unemployment benefits documentation

Note: Changes in income due to job or overtime loss is reviewed after 6 months have elapsed since the date of the change.

Unreimbursed medical expenses (for immediate family members only). Please provide the following documents:

- Medical bill(s) confirming payment (must exclude amount covered by insurance)
- Itemized bills must be tallied for total expenses paid (medical expenses should be greater than 10% of income to be considered)

Death or disability of a parent. Please provide the following documents, as applicable:

- Death certificate or verification of disability status
- Social Security benefits received for all family members
- Inheritance documentation
- Life insurance documentation

Other: Please use the box on Page 3 to submit a description of any factors you would like the committee to consider.

Financial Circumstances: Income

Complete the following chart to report your income for 2023 and 2024.

Expected Income	Student	Parent 1	Parent 2
Gross Income EARNED FROM WORK Calendar Year: 2023	\$	\$	\$
Projected Gross Income TO BE EARNED FROM WORK Calendar Year: 2024	\$	\$	\$
Lump Sum Termination Benefits Calendar Year:	\$	\$	\$
Unemployment Benefits Calendar Year:	\$	\$	\$
Workman's Comp Benefits Calendar Year:	\$	\$	\$
Other Income* Calendar Year:			
Source:	\$	\$	\$
Source:	\$	\$	\$

*Other Income includes interest and dividends, pension distributions, business and rental income, alimony and child support, social security, insurance benefits, severance benefits, early withdrawal from retirement funds, clergy or military housing allowances.

Financial Circumstances: Debt

Complete the following chart to report sources of debt.

Reason/Source of Debt	Student	Parent 1	Parent 2
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Special Circumstances: Description

Please use the space below to state or describe the reason for your appeal in greater detail.

Student Signature and Certification

I certify that all of the information on this form is true and complete to the best of my knowledge. I agree to notify Student Financial Support of any additional changes to expected income.

Signature: _____

Date: _____

Supporting Documentation

Attach documentation from a third party, any additional information you would like to provide to the committee, and any other supporting documentation.



FAMILY EXPENSES WORKSHEET - Enter the monthly expense amount in the worksheet below:

1. Housing and Maintenance

- (a) Mortgage or rent payment \$ _____
- (b) Electricity \$ _____
- (c) Gas \$ _____
- (d) Water and sewer \$ _____
- (e) Telephone \$ _____
- (f) Household help \$ _____
- (g) Home maintenance \$ _____
- (h) Other _____ \$ _____

2. Family Living Support

- (a) Groceries \$ _____
- (b) Clothing \$ _____
- (c) Laundry & dry cleaning \$ _____
- (d) Prescription drugs \$ _____
- (e) Child care \$ _____
- (f) Dependent care (i.e., grandparents) \$ _____
- (g) Education expenses \$ _____
- (h) Unreimbursed medical/dental expenses \$ _____
- (i) Dental insurance \$ _____
- (j) Life insurance \$ _____
- (k) Other _____ \$ _____

3. Transportation

- (a) Automobile payments \$ _____
- (b) Gasoline \$ _____
- (c) Auto insurance \$ _____
- (d) Auto maintenance \$ _____
- (e) Other _____ \$ _____

4. Leisure

- (a) Movies and theater \$ _____
- (b) Cable TV \$ _____
- (c) Vacations \$ _____
- (d) Restaurants \$ _____
- (e) Club memberships \$ _____
- (f) Other _____ \$ _____

4. Other

- (a) Installment loans \$ _____
- (b) Credit card debt \$ _____
- (c) Investment expenses \$ _____
- (d) Accountant's fees \$ _____
- (e) Educational debt \$ _____
- (f) Other _____ \$ _____

Total Monthly Expenses \$ _____