



Student Last Name	Student First Name	Student ID Number

Sections I, II, & III of this form must be completed in full and submitted simultaneously with all required documentation. Your appeal will be reviewed only when all required documentation has been received.

SECTION I: REASON FOR REQUEST

Select the option below that best pertains to your appeal. **Refer to the Appeal Checklist Document for all supplemental documentation needed for each option.**

- I am legally separated or divorced after my 2023-2024 FAFSA was submitted.
- My spouse was included on my 2023-2024 FAFSA and died after the FAFSA was submitted.

SECTION II: 2022 INCOME FROM EARNINGS & BENEFITS

Do not leave any information blank. If the information does not pertain to you, indicate non applicable (N/A).

Student Social Security Number	Student Permanent Street Address	Student's Age
Date of Legal Separation/Divorced MM/DD/YYYY	Household Size	Number in College
Student Occupation	Employer	
Full Name of Spouse (if any)	Spouse Social Security Number	Spouse's Age
Spouse's Occupation	Spouse's Employer	
Spouse's Permanent Street Address		



Source of Income	Received for 2021	Estimated for 20223
Child Support Received for All Dependent Children	\$	\$
Date support will (or did) end		
	MM/DD/YYYY	MM/DD/YYYY
Alimony Received	\$	\$
Do you have full or partial ownership of assets (real estate, investments, etc.) other than the home in which you live? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		Value
	Percentage of Ownership	\$
		Debt Remaining

SECTION III: CERTIFICATION & SIGNATURE

All of the information on this form is true and complete to the best of my knowledge. I agree to provide verification of the information I have given on this form.

Student's Signature (Required)	Date

You can submit this form via email to financialaid@ben.edu; fax the document to 630-829-6101; or upload the completed form to the Financial Aid dropbox located on our [website](#).