Benedictine University
Financial Aid

2025–2026
Income/Benefit Change Appeal

		B
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 a copy of 2024 Federal Income Tax Return and supporting documentation of loss of benefit. Your appeal will be reviewed only when all required documentation has been received.

Section I: Reason for Request

Select one of the options below that best pertains to your circumstance. Refer to the **Change in Circumstance Appeal Checklist** for all required documentation needed for each section.

Dependent Student

☐ My parent, who worked in 2024, has lost their job for at least 12 weeks and has not found employment.

Parent's Name: _____

Unemployment Began on (MM/DD/YYYY): _____

☐ My parent lost a source of income or benefit (e.g. alimony, child support, retirement/pension, social security, worker's compensation, etc.) that was received in 2024.

List Type of Benefit Loss	Date Benefit Ceased	Amount of Loss Benefit

Independent Student

☐ My spouse and/or I, who worked in 2024, has lost their job for at least 12 weeks and has not found employment.

Name of Unemployed: _____

Unemployment Began on (MM/DD/YYYY): _____

☐ My spouse and/or I, lost a source of income or benefit (e.g. alimony, child support, retirement/pension, social security, worker's compensation, etc.) that was received in 2024.

List Type of Benefit Loss	Date Benefit Ceased	Amount of Loss Benefit

Section II: 2025 Income & Benefits

This section estimates the income that will be earned by the household members through employment in 2024 as well as any other income sources. Estimate the amounts you expect to receive between January 1, 2025 and December 31, 2025. *Do not leave any sections in the table below blank, if a field does not pertain to you, use 'n/a' to indicate that.*

STUDENT AND/OR SPOUSE	BENEFIT/INCOME	PARENT(S)
Amount Expected in 2025		**Amount Expected in 2025**
$_____ $_____ $_____	Employment: (list employers) • _____ • _____ • _____	$_____ $_____ $_____
$	Pensions/Annuities	$
$	Unemployment Compensation	$
$	Social Security Benefits	$
$	Child Support/Alimony	$
$	Retirement or Disability Benefits	$
$	Aid To Aged, Blind and Disabled	$
$	Aid to Families with Dependent Children (ADC/AFDC or TANF)	$
$	Worker's Compensation	$
$	Veteran's Benefits (non-educational)	$
$	**2025 Total Expected Earnings/Benefits**	$

Section III: Certification & Signature

I/We, hereby certify that all of the information that is provided on this form is true, complete and correct to the best of my/our knowledge. I understand that if corrections need to be made to my FAFSA results, the Office of Financial Aid will make all necessary corrections.

Student's Signature Required	**Date**	**Parent's (or spouse if applicable) Signature Required**	**Date**

Please submit the signed and completed form, along with supporting documentation, to the Office of Financial Aid via our dropbox located on our website or via email to financialaid@ben.edu.