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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 were employed in 2024, have been unemployed for at least 12 weeks and have not yet secured new employment.

Name of Unemployed:

Unemployment Began on (MM/DD/YYYY):

- My spouse and/or I have lost a source of income or benefits (such as alimony, child support, retirement or pension income, social security, workers' compensation, etc.) that we received in 2024

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



Section II: 2026 Income & Benefits

This section estimates the income that will be earned by the household members through employment in 2026 as well as any other income sources. Estimate the amounts you expect to receive between January 1, 2026 and December 31, 2026. *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 2026		Amount Expected in 2026
\$ _____	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)	\$ _____
\$ _____	2026 Total Expected Earnings/Benefits	\$ _____

Section III: Certification & Signature

I/We, hereby certify that all 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.