2014-2015 MIDYEAR FINANCIAL AID APPEAL FORM

This form is for families that have had a significant change in circumstances since the original financial aid application was filed. Please provide all requested information and attach latest salary and/or untaxed income documentation for the parent(s). Priority will be given to appeals received by November 17, 2014. We will consider you for grant and loan programs. Please note that grant funding is limited. If you have any questions, please contact Student Financial Services at (781) 239-4219 or sfs@babson.edu.

PART I: Parent/Student Information

Student’s name: ________________________________

Parent 1 name: ________________________________

Parent 2 name (if applicable): ________________________________

Parent(s) E-mail address: ___________________________ Parent(s) daytime phone number: ___________________________

PART II: Changes in Household Income

Please indicate below the circumstances that best describe the reason for your appeal:

1. Change in Employment

If a parent experienced a loss of job and/or a change in income, please indicate which parent and the name of the employer (if applicable):

☐ Parent 1
☐ Parent 2

Employer: ___________________________ Effective Date: _______________

Reason for change in employment:

☐ Job change
☐ Reduced overtime/commission
☐ Retirement
☐ Starting a new business
☐ Termination by employer
☐ Other (please specify) ____________________________

2. Loss of other income (unemployment benefits, social security, child support, etc.)

Type of income impacted: ____________________________

Person receiving the income:

☐ Parent 1
☐ Parent 2
☐ Student

3. On a separate attachment, please outline the circumstances and change in income impacting your family’s financial circumstances
PART III: Estimated 2014 Income

Parent:

Parent 1 2014 income __________

Parent 2 2014 income __________

Severance __________

Unemployment Compensation __________ (amount per week __________ x # of weeks______)

Interest and Dividend income __________

Net income/loss from business __________

Rental income/loss __________

Untaxed income __________ (please indicate the amount and type received in the box below)

Total Parent estimated 2014 Income __________

<table>
<thead>
<tr>
<th>Child support</th>
<th>Social Security benefits</th>
<th>Pension Distributions</th>
<th>Tax exempt interest income</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________</td>
<td>__________</td>
<td>__________</td>
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</tbody>
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Contributions to retirements plans (401k, 403b, SEP, IRA) __________ Worker’s compensation __________ Housing allowance __________

Cash/gifts paid on your behalf __________ Other untaxed income(type and amount) __________________________________________________________________________

Student:

Student 2014 income __________

Untaxed income __________ (indicate type: __________________________________________________________________________)

Total Student estimated 2014 Income __________

PART IV: Certification

Amount of additional aid you are requesting for Spring 2015: ______________________________

Please feel free to attach any additional documentation that you feel will help us better understand your changed circumstances. Sign and return this form to Student Financial Services at the address below. Please be sure to include all applicable salary and/or untaxed income documentation for the parent(s).

Student signature ______________________________ Date ______________

Parent signature ______________________________ Date ______________

Please return to:  
Student Financial Services, Babson College,  
P.O. Box 57310, Babson Park, MA 02457-0310  
OR  
Fax to SFS: (781) 239-5510  
OR  
Scan a copy to SFS: sfs@babson.edu