2017-2018 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 15, 2017. We will consider you for grant and loan programs. Please note that grant funding is limited and we expect students to take advantage of all funding available to them, including federal loans, before we can typically consider additional grant assistance. 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/Income
   If a parent experienced a change in employment or income, please indicate below:

   Parent name: __________________________________________________________
   Employer: ________________________________ Effective Date: ________________

   Reason for change in employment/income:
   □ Job change
   □ Issues related to self-employment
   □ Reduced overtime/commission
   □ Health issues
   □ Retirement
   □ Termination by employer
   □ Other (please specify) ________________________________________________

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

   Type of income and amount: ____________________________________________

3. Unanticipated circumstances (outline any new circumstances not previously provided to SFS)

   ______________________________________________________________________
   ______________________________________________________________________

4. On a separate attachment, please outline how the above changes have impacted your family’s finances
PART III: 2016 Federal Tax returns and estimated 2017 Income

Since your 2017-2018 financial aid package was based on 2015 information, please provide us with copies of parent and student completed 2016 federal tax returns and any W-2 forms. In addition, please provide estimated 2017 information below:

Parent:

Parent 1 2017 income
Parent 2 2017 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 2017 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>Contributions to retirements plans (401k, 403b, SEP, IRA)</td>
<td>Worker’s compensation</td>
<td>Housing allowance</td>
<td></td>
</tr>
<tr>
<td>Cash/gifts paid on your behalf</td>
<td>Other untaxed income(type and amount)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student:

Student 2017 income
Untaxed income (indicate type: _________________________________)

Total Student estimated 2017 Income

PART IV: Certification

Amount of additional aid you are requesting for Spring 2018: __________________________

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 (contact information is listed below) along with 2016 tax returns and W-2 forms. Please be sure to include all applicable salary and/or untaxed income documentation for the parent(s).

Student signature __________________________ Date ________________

Parent signature __________________________ Date ________________

Email: sfs@babson.edu

Mail: Student Financial Services, Babson College, P.O. Box 57310, Babson Park, MA 02457-0310

Fax: (781) 239-5510