



Financial Aid Appeal Application

Complete this application and return to our office with your supporting documentation. The Appeal Application will not be reviewed until all documentation is received. Depending on the time of year your appeal is received, the Office of Financial Aid and Student Employment reserves the right to postpone the review of special circumstances until the next academic year’s financial aid review. Students seeking an appeal for the academic year in which they are currently enrolled need to file their application and all supporting documentation by February 15th. Otherwise, the change in circumstances should be reported as part of your financial aid application for the following academic year.

Student Name: _____
 Student Phone: _____
 Cornell ID: _____ NetID: _____
 Student Date of Birth: _____

Parent 1 Name: _____
 Parent 2 Name: _____
 Parent E-mail: _____
 Student Type: _____

Appeal is being submitted for Academic Year 20 - 20 (Example: Fall 2025 - Spring 2026)

Please check	Reason for Appeal	Required Documentation
	<p>Significant loss in income due to termination or change in employment</p> <p>Please note: *the earliest we will consider an appeal due to unemployment is generally 8 weeks from the date of termination</p> <p>*changes may not be considered if income loss <i>for the year</i> is not significant</p> <p>*you must notify the Office of Financial Aid and Student Employment if you become re-employed before the end of the year</p>	<p>A signed copy of the most recently submitted tax return and W2 forms are required for a review of any significant loss or change in income, in addition to the following:</p> <p>Termination or change of employment:</p> <ul style="list-style-type: none"> ➤ Copy of the last/most recent pay stub for both parents in the household ➤ Termination notice or letter of explanation from employer ➤ Severance statement ➤ Copy of unemployment benefit eligibility from Dept. of Labor ➤ Income, Expense, and Benefit Worksheet (attached) <p>Last day of employment/termination date: Date of change in employment: Termination or reduction to <i>untaxed</i> benefits, including Social Security, child support, disability:</p> <ul style="list-style-type: none"> ➤ Documentation of reduction ➤ Explanation for change from granting authority
	<p>Unexpected life event</p> <p>*please note that in a divorce situation, we will continue to consider both custodial and noncustodial parents’ income and asset information</p>	<p>Death of parent or other immediate family member:</p> <ul style="list-style-type: none"> ➤ Documentation of medical and/or funeral expenses ➤ If decrease in income, complete the Income, Expense, and Benefit Worksheet (attached) ➤ Documentation of expected Social Security benefits for all family members ➤ Documentation of other distributions from inheritance, assets, or other benefit sources including life insurance
	<p>Correction to income or asset information reported</p>	<ul style="list-style-type: none"> ➤ Detailed description of error and correction ➤ Documentation of correct amount (for example, if mortgage value and debt was misreported, a copy of the mortgage statement and most recent assessment of home should be sent)
	<p>More favorable award from another institution</p> <p>Note: Early Decision Freshmen cannot appeal for this reason</p>	<ul style="list-style-type: none"> ➤ Copy of Financial Aid Notification from the institution. <p>NOTE: Cornell will only review financial aid offers from any of the Ivy League institutions, Stanford University, Duke University, and MIT.</p>

Please check	Reason for Appeal	Required Documentation
	High medical, educational, or family expenses	<p>Medical:</p> <ul style="list-style-type: none"> ➤ Documentation of medical expenses <i>paid</i> during prior tax year that <i>exceed</i> 10% of your Adjusted Gross Income <p>NOTE: Explanation of Benefits from insurance provider is not acceptable documentation</p> <p>Educational (undergraduate):</p> <ul style="list-style-type: none"> ➤ Documentation from school showing undergraduate enrollment status and expected graduation date <p>Educational (support for younger children enrolled in Private School)</p> <ul style="list-style-type: none"> ➤ Copy of Financial Aid Notification or statement indicating required parent contribution for pre-college children enrolled in private school <p>Family:</p> <ul style="list-style-type: none"> ➤ Documentation of support to relatives outside of the immediate family (cancelled checks, wire transfer records, statement from recipient indicating amount received, etc.)
	<p>Other reason not listed</p> <ul style="list-style-type: none"> ➤ Please provide a detailed description of the basis of appeal and documentation supporting your request for reconsideration 	<p>NOTE: we are unable to consider appeals based on circumstances that include but are not limited to:</p> <ul style="list-style-type: none"> ▪ Consumer debt ▪ Personal Expenses (annual living expenses, pets, cars, housekeepers, vacations, sports, etc.) ▪ Fraternity or Sorority expenses ▪ Changes that have not yet occurred

Student/Parent Certification

Ink Signatures required by parent and student

I/We certify that, as of the date this application is signed, the information included herein is true and accurate to the best of my/our knowledge and is not falsely represented.

I/We understand that the submission of an appeal does not release the student from the obligation of staying current with the Bursar and/or Cornell Card bill. I/We understand that as there is no guarantee that an appeal will be approved, it is the student's responsibility to maintain good standing with the Bursar and his/her college registrar.

I/We affirm that the information provided on this form and attached documentation is accurate and complete to the best of our knowledge. I/We understand that completing this form does not guarantee financial aid will be increased. I/We also understand that any revision based on this appeal information does not guarantee the same adjustments will be made in future semesters and/or academic years.

I/We understand the appeal will be reviewed within 7-10 business days of receipt by the Office of Financial Aid and Student Employment (FASE) and that additional processing time may be necessary in the event more information is requested by FASE. I/We understand the parent and/or student may be notified via mail and/or e-mail with the outcome of the appeal decision.

Signature of Parent(s): _____ Date: _____

Signature of Student: _____ Date: _____

Income, Expense and Benefits

All parts of this form are required. If a particular question does not apply, fill in with a N/A or zero

Benefits:

Indicate a monthly dollar amount next to the benefits that your family receives (if applicable):

Benefit	Current Monthly Amount
Housing Assistance (HUD, Section 8)	\$
Food Stamps (SNAP, TANF, etc)	\$
Utilities Assistance (HEAP)	\$
Free/Reduced Lunch	\$
Other	\$

Support from Others:

Indicate a monthly dollar amount that the family receives in support from others (friends, family, church, etc):

\$ _____

Monthly Expenses:

Indicate only the amount that family is responsible for (cost – any benefit)

Expense	2023 Monthly Amount	2024 Monthly Amount
Out of Pocket Paid Medical Expenses (copay, insurance)		
Education (siblings to student only)		
Eldercare, Financial Support to Others:		
Total:		

Monthly Income:

Income Source	2023 Monthly Amount	2024 Monthly Amount
Gross Wages		
Net Rental / Business Income		
Unemployment Benefits		
Disability / SSI Benefits		
Child Support		
IRA, Pension, Annuity withdrawals from Retirement		
Other (specify):		
Other (specify):		
Total:		
Total plus support from others and benefits:		

Explanation of Appeal (required)

[Empty box for writing the explanation of appeal]