FINANCIAL AID APPEAL FORM
2016-2017

Student Name___________________________________________ H-SC ID#________________________

Hampden-Sydney College is committed to treating all applicants for financial assistance and their families in a fair and equitable manner. Information collected on this form will permit us to evaluate any changes in your family’s financial situation as a result of certain conditions.

Submitting this form does NOT guarantee a revision to any financial aid which may have been offered already.

Upon submission of this form, the Director of Financial Aid will determine if any additional documentation is needed to document your family’s special circumstances. You will be notified of the results of your appeal within three weeks from when the letter is received in our office.

SECTION I: EXPLANATION OF SPECIAL CIRCUMSTANCES – briefly describe below the nature of your request for re-consideration of additional financial aid. If needed, use additional paper to continue your explanation and attach to this appeal form.
SECTION II: CERTIFICATION

We certify that all of the information reported on this form is complete and correct. We understand that submitting this form does NOT guarantee a revision to any financial aid which may have been offered already.

(In the case of a divorced/separated family, only the signature of the custodial parent is required.)

________________________________________        ___________________________
Student Signature                                  Date

________________________________________        ___________________________
Mother/Stepmother Signature                        Date

________________________________________        ___________________________
Father/Stepfather Signature                        Date

Thank you for taking the time to bring this information to our attention. If we have questions or require additional documents, we may contact you. Please provide information below for the person we should contact:

________________________________________        ___________________________
Name                                             Daytime Phone          E-mail address

RETURN THIS COMPLETED FORM TO:

Hampden-Sydney College
Financial Aid Office
P. O. Box 726
Hampden-Sydney, VA 23943-0726
Fax: 434-223-6075
Email: hsfinaid@hsc.edu