



# FINANCIAL AID APPEAL FORM 2018-2019

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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.

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**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