

FINANCIAL AID APPEAL FORM 2024-2025

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.

Please also provide a specific dollar amount of the additional aid you are requesting.

SECTION II: CERTIFICATION

By signing below, 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 _

No Electronic Signatures

Parent

No Electronic Signatures

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

(Please note: Email is not always a secure method of communication and may inadvertently expose your information if misdirected. We suggest using fax, U.S. Postal Service, or personal delivery as a more secure method of delivery. If you choose to submit information through email, Hampden-Sydney will not be responsible for any exposure of data.)

RETURN THIS COMPLETED FORM TO:

Hampden-Sydney College Financial Aid Office P. O. Box 726 Hampden-Sydney, VA 23943-0726 Fax: 434-223-7234 Email: hsfinaid@hsc.edu

Date

Date