

FINANCIAL AID APPEAL FORM 2025-2026

Student Name	H-SC ID#
	applicants for financial assistance and their families in a fair form will permit us to evaluate any changes in your family's
Submitting this form does NOT guarantee a revision t	o any financial aid which may have been offered already.
<u>*</u>	al Aid will determine if any additional documentation is needed u will be notified of the results of your appeal within three

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.

No Electronic Sign	atures	Date
Parent		
No Electronic Sign	atures	Date
•	C	ention. If we have questions or require additional ow for the person we should contact:

(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