

FINANCIAL AID APPEAL FORM 2026-2027

Student Name	H-SC ID#
	pplicants for financial assistance and their families in a fair m will permit us to evaluate any changes in your family's
Submitting this form does NOT guarantee a revision to	any financial aid which may have been offered already.
	Aid will determine if any additional documentation is needed will be notified of the results of your appeal within three
	UMSTANCES – briefly describe below the nature of your If needed, use additional paper to continue your explanation

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.

Student			
No Electronic Sig	natures	Date	
Parent			
No Electronic Sig	natures	Date	
•	me to bring this information to our atte t you. Please provide information belo	ention. If we have questions or require addition ow for the person we should contact:	onal

(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