2026-2027 Special Circumstances Appeal Form

Form F26PJSC

Student's Name _____ Wabash Student ID # _____

Parent's Name _____

Parent's Email _____ Parent's Phone _____

Indicate the reason for your appeal:

- ❑ **One-time/non-recurring income received in 2024**
  *Appeals based on this circumstance are limited to **one** during the student's Wabash tenure*
  Check all that apply:
  ❑ inheritance, ❑ moving allowance, ❑ prior-year Social Security payments, ❑ severance, ❑ IRA/pension distribution, ❑ gambling winnings, ❑ other

- ❑ **Income reduction due to involuntary circumstances**

- ❑ **Unemployment due to involuntary circumstances**

- ❑ **Medical/dental/nursing home expenses**
  Amounts covered by insurance are not eligible for consideration

- ❑ **Private/parochial school expenses**
  Amounts paid for the Wabash student's younger siblings who are members of the household may be considered

- ❑ **Support of extended family**
  Amounts paid to support relatives who are unable to support themselves adequately and are not members of the household may be considered

- ❑ **Unusual debts**
  Check all that apply:
  ❑ parent's educational loans, ❑ legal fees due to divorce, adoption, etc. ❑ personal debts for non-discretionary expenses (such as nursing home care), ❑ other

- ❑ **Other changes in income / other uncommon expenses**

(Continued on next page)

REQUIRED FOR ALL APPEALS: Use this space to describe your special circumstances. Provide as much detail as possible (dates, amounts, etc.). Attach additional pages if needed. A Financial Aid Office team member will contact you at the email provided on the front of this form. Documents necessary to support your appeal will be requested at that time. **Submission of this form and supporting materials does not guarantee an increase in need-based financial aid for the 2026-2027 academic year.**

Voluntary changes of employment and expenses incurred by choice are not likely to result in additional need-based aid. We reserve the right to request any documents deemed necessary to complete our review. We will not review your appeal until all requested documents are received in our office. Please allow up to two weeks for our review once all requested materials have been submitted to our office.

Certification & Signatures

I understand that reporting inaccurate or incomplete information may result in a charge-back of financial aid awarded on the basis of the inaccurate information. **WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

electronic/typed signatures are NOT acceptable

Parent 1/Step-parent's Signature Date

Parent 2/Step-parent's Signature Date

Return this form and any related documents to the Wabash College Financial Aid Office
PO Box 352, Crawfordsville IN 47933
Secure Document Upload: https://www.wabash.edu/admissions/finforms/uploaddocs,
or via Wabash Self-Service: https://webservice.wabash.edu/Student/Account/Login