

Special Circumstances Request: 2025-26 Reconsideration of Aid Appeal

The appeal process is used to request consideration of special circumstances which were not evident in your original application; for example, medical expenses not covered by insurance, loss of income, unemployment, or other factors that affect your family's ability to pay for college. We are unable to consider appeals based on circumstances that include but are not limited to: personal expenses (travel, hobbies, leisure), and/or expenses that have not yet occurred. Note that aid eligibility for 2025-26 is based on a family's 2023 income and current asset information.

To request appeal consideration, complete an appeal using the link here: [Request for Aid Reconsideration | Peabody Institute](#) and attach this form. We recommend speaking with your financial aid adviser before submitting an appeal. All supporting documentation should be uploaded with this form. Notification of the decision by the Appeals Committee will be sent to the student's JHU email account.

Family Information

Enter your family's personal information.

Student First Name: _____

Student Last Name: _____

Hopkins ID: _____

JHED ID: _____

Student Year of Study: _____

Student Date of Birth: _____

Student Phone Number: _____

Student Email: _____

Parent Phone Number: _____

Parent Email: _____

How much is your family able to contribute towards education expenses for the academic year: \$ _____

Special Circumstances: Reason

Check the appropriate box below to indicate the reason for your request for reconsideration. Please submit all requested supporting documentation using the attachment button on page 3.

Income in calendar year 2024 or 2025 is less than the 2023 income reported on the FAFSA and CSS Profile. Please provide the following documents:

- 2023 federal 1040 tax returns with all schedules; if applicable, all 2023 business tax returns
- 2023 W2 form(s)
- Most recent earnings statements for all parents in household
- Parent Monthly Income and Expense Statement: <https://sfs.jhu.edu/forms-resources/>

If applicable, please also submit the following document(s):

- Termination notice or signed letter of explanation from employer (on company letterhead)
- Severance documentation
- Unemployment benefits documentation
- Final paystub from former employer(s)

Note: Changes in income due to job or overtime loss is reviewed after 6 months have elapsed since the date of the change.

Unreimbursed medical expenses (for immediate family members only). Please provide the following documents:

- Medical bill(s) confirming payment (must exclude amount covered by insurance)
- Itemized bills must be tallied for total expenses paid (medical expenses should be greater than 10% of income to be considered)

Death or disability of a parent. Please provide the following documents, as applicable:

- Death certificate or verification of disability status
- Social Security benefits received for all family members
- Inheritance documentation
- Life insurance documentation

Other: Please use the box on Page 3 to submit a description of any factors you would like the committee to consider.

Financial Circumstances: Income

Complete the following chart to report your income for 2024 and 2025.

Expected Income	Student	Parent 1	Parent 2
Gross Income EARNED FROM WORK Calendar Year: 2024	\$	\$	\$
Projected Gross Income TO BE EARNED FROM WORK Calendar Year: 2025	\$	\$	\$
Lump Sum Termination Benefits Calendar Year:	\$	\$	\$
Unemployment Benefits Calendar Year:	\$	\$	\$
Workman's Comp Benefits Calendar Year:	\$	\$	\$
Other Income* Calendar Year:			
Source:	\$	\$	\$
Source:	\$	\$	\$

*Other Income includes interest and dividends, pension distributions, business and rental income, alimony and child support, social security, insurance benefits, severance benefits, early withdrawal from retirement funds, clergy or military housing allowances.

Financial Circumstances: Debt

Complete the following chart to report sources of debt.

Reason/Source of Debt	Student	Parent 1	Parent 2
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Special Circumstances: Description

Please use the space below to state or describe the circumstances affecting your ability to pay for college in greater detail. Please include relevant information such as amounts, dates, recurrence (i.e. one-time, monthly, yearly, etc. expense/income). If additional space is needed please attach any additional pages using the attachment button below.

Signature and Certification

I certify that all of the information on this form is true and complete to the best of my knowledge. I agree to notify Student Financial Support of any additional changes to expected income.

Signature: _____

Date: _____

Supporting Documentation

Attach documentation from a third party, any additional information you would like to provide to the committee, and any other supporting documentation using the button to the right.