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## 2026-2027 Request for Reconsideration of Financial Aid

Beloit College understands that each student's financial circumstances are different. Though the College strives to create a comprehensive financial aid award package to make Beloit accessible, we recognize there may be a need to reconsider the assistance offered.

This form is designed to allow students the opportunity to request a re-evaluation of the **original** financial aid offer based upon circumstances they believe deserve consideration. Domestic students must file a 2026-2027 Free Application for Federal Student Aid (FAFSA) before being considered for additional support. If you have any questions when completing this form, please contact us.

Student Name: \_\_\_\_\_ Student ID or Last 4 digits of SSN: \_\_\_\_\_

Student Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_

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### Reason for Appeal

Please select the reason you are requesting additional consideration and attach a statement explaining your situation.

**Reconsideration of Institutional Financial Aid – based upon official financial aid offers from comparable colleges/universities**

- Include copies of financial aid award letters received from other institutions

**Change of Income, January – December 2025 or January – December 2026**  
*(Example: Loss or change of employment status, death of parent, divorce/separation, etc.)*

**Required Documentation:**

- Personal statement describing the anticipated or actual income change, including dates and reason(s) for the significant changes
- Most recent year-to-date pay stubs
- Signed copy of prior year Federal Tax Return, including all Schedules and W-2(s)
- Summary of any severance and/or unemployment benefits (if applicable)
- Divorce decree or proof of separation (if applicable)
- Any other documentation that demonstrates the change/loss of income

**2024 or 2025 Health Care Expenses- \$ \_\_\_\_\_**  
*Include only the expenses allowed to be reported as "itemized deductions" (1040 Schedule A)  
Do not include any expenses that is or will be reimbursed by insurance, paid from a health savings account (HSA), paid by your employer or billed in one year but paid in another*

**Required Documentation**

- Narrative outlining paid medical expenses
- Signed copy of 2024 or 2025 Federal Tax Return including Schedule A
- Documentation of paid medical expenses

**Other Education Expenses**

*Per the Department of Education, adjustments for siblings in college can only be considered if additional financial hardships can be documented*

Net tuition costs for all siblings in grades K-12 for August 2026-June 2027: \$ \_\_\_\_\_

Net tuition costs for all siblings in college for August 2026-June 2027: \$ \_\_\_\_\_

**Required Documentation:**

- Copy of tuition statement/financial aid offer
- (For K-12 only) Statement regarding why your child(ren) attended private school

**Other Unusual Expenses**

Itemize, explain, and document other unusual expenses. These may include:

- Home repairs due to damage not covered by insurance
- Casualty or theft losses claimed on your tax return
- Regular and significant support of other family members
- Funeral expenses (family members)

**Other Unusual Circumstances**

Itemize, explain, and document other unusual circumstances. These may include:

- One-time IRA distributions
- One-time inheritances
- Debt cancellation that appears as income on the Federal Income Tax Return

**Personal Narrative (Required)**

In your own words, please describe your family's circumstances with as much detail as possible. If you require more space, please feel free to attach an additional sheet.

**If you submit this request, you may also be required to complete the appropriate (Dependent or Independent Verification Worksheet (see [www.beloit.edu/financialaid/forms/](http://www.beloit.edu/financialaid/forms/))). Please note that federal and/or institutional loans may be offered as an option in response to your appeal. Please allow 4-6 weeks for your appeal to be reviewed.**

**Please review and sign this form prior to submission. There must be both a student and parent signature on this form if the student is considered a dependent for FAFSA purposes.**

We certify that all information on this form is true and correct. Any estimated figures are based on the best information available at this time and will be updated if they change after the submission of this form. Requests for additional grant funding may be denied for students who have not made use of all of their financial aid options, including the utilization of work study and federal and/or institutional loan eligibility.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (or spouse for independent students)

\_\_\_\_\_  
Date

Please return this form and all supporting documentation to:  
Beloit College Office of Financial Aid, 700 College Street, WI 53511  
You may also securely upload the documents at <https://beloit.leapfile.net>