EARLHAM COLLEGE 2027-28 FINANCIAL AID

REQUEST FOR REVIEW OF FINANCIAL AID AWARD

If you have unusual circumstances, please complete this form and submit it to our office with the specified documentation. Please complete the section(s) that most closely describe(s) your unusual circumstances. Completion of this form does not guarantee an adjustment to the student's financial aid package.

For all circumstances, you must submit a signed copy of the parent and student 2026 federal tax returns with all W-2 forms. Return this completed form with additional documentation specified to the Financial Aid Office.

Please note: any requests for review that do not include the required documentation will be considered invalid and will be ineligible for review.

Student Name | Student ID Number

Please print or type

UNUSUAL MEDICAL/DENTAL EXPENSES

Amount you/your parents anticipate for medical/dental bills in 2027-28 that will not be reimbursed by insurance.

Required Documentation: Cost from your insurance company/doctor after insurance.

ELEMENTARY/SECONDARY EDUCATION PAID FOR SIBLINGS W/ DIAGNOSED MEDICAL NEEDS

Will you or your parents pay elementary/secondary education expenses in 2027-28 for your sibling(s)?

Yes No

Provide the following information for each family member who will receive such support (attach additional paper, if necessary):

Name	Age	School	Tuition expenses for 2027-28:

Required Documentation: Tuition statements and payment receipts

PARENTAL/SIBLING EDUCATION DEBT

Are your parents currently paying student loans for their education or for siblings who are no longer attending college?

Do not include loans borrowed for your education

Yes No

Amount | Current monthly payment

Required Documentation: Receipts or payment summary from company or agency to which money is owed.

Earlham College
OFFICE OF FINANCIAL AID

All forms should be signed and submitted via mail, fax or the Financial Aid Secure File Transfer: https://admissions.earlham.edu/portal/financial-aid-secure

Tyler Hall, Room 223, 801 National Road West
Richmond, Indiana 47374

765-983-1217, FAX: 765-983-1299
finaid@earlham.edu

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INCOME REDUCTION

Is the income of the parent(s) who completed the FAFSA significantly less in calendar year 2026 than it was in 2025?

Yes No

If yes, check the appropriate reason below

Unemployment or changes in employment Divorce/separation Death of parent Disability of parent

Provide the following anticipated information for Jan. 1 - Dec. 31, 2027:

Wages, salaries, tips for Parent 1	
Wages, salaries, tips for Parent 2	
Interest Income	
Dividend Income	
Net income (or loss) from business, farm, rents, estates, etc.	
Other taxable income such as unemployment compensation, etc.	
Untaxed income and benefits such as social security	
Other income such as child support	
Anticipated outside contribution towards education (Non-custodial parent, grandparent, etc.)	

Required Documentation: Letter providing details of your situation including time frame for your circumstances, any available documentation used to determine anticipated income and/or copy of lay-off or termination letter, etc.

Total anticipated income for 2027

OTHER CIRCUMSTANCES NOT INCLUDED HERE

Required Documentation: Please attach a letter explaining the details of your situation; please be as specific as possible.

CERTIFICATION

We affirm that the information contained on this form and in supporting documentation is true and complete to the best of our knowledge. Upon request, we will provide additional documentation to substantiate the information given.

Parent Signature Date Student Signature Date

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SUBMISSION CHECKLIST

Please use this checklist to make sure all of the required documentation has been submitted.

Request for Review of Financial Aid for Review form	○ Required
Signed copy of parent's 2026 tax return	○ Required
Copy of parent's 2026 W-2's	○ Required
Signed copy of student's 2026 tax return	○ Required
Copy of student's 2026 W-2	○ Required

UNUSUAL MEDICAL EXPENSES

Cost from your insurance company/doctor	○ Required

ELEMENTARY/SECONDARY EDUCATION PAID FOR SIBLINGS W/ DIAGNOSED MEDICAL NEEDS

Tuition statements and payment receipts	○ Required

PARENTAL/SIBLING EDUCATIONAL DEBT

Receipts or payment summary from company or agency to which money is owed	○ Required

INCOME REDUCTION

Letter providing details of your situation including the time frame for your circumstances and any available documentation used to determine anticipated income and/or copy of lay-off or termination letter, etc.	○ Required

OTHER CIRCUMSTANCES NOT INCLUDED HERE

A letter explaining the details of your situation that is as specific as possible.	○ Required

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