

BENNINGTON COLLEGE

Need-Based Financial Aid Appeal Form

Please complete this form if you wish to request a review of your financial aid eligibility. You must have completed your financial aid application for the award year in order to appeal your award. Submitting an appeal does not guarantee an adjustment to your financial aid package. Eligible students seeking need-based financial aid appeals must have demonstrated financial need, exhausted all self-help aid (loans and work), and be in good academic standing.

All Appeals must be submitted no later than July 15th for the beginning Fall term. Any Appeal received after July 15th will not be considered until the Spring term. Spring appeals will be accepted beginning December 1st through February 5th. Any appeals received after February 5th will be considered for aid renewal for the upcoming academic year.

STUDENT INFORMATION

Term beginning: _____
MM/YY

☐ Incoming ☐ Returning

NAME

TODAY'S DATE

ADDRESS

PHONE

EMAIL

PARENTAL INFORMATION

NAME

☐ Custodial ☐ Noncustodial

EMAIL

NAME

☐ Custodial ☐ Noncustodial

EMAIL

APPEAL INFORMATION

Should your financial need remain about the same, you can expect about the same level of funding each year. The College budgets for this level of funding for four years at the time the student enrolls. Cause for review of your financial aid eligibility may be brought on by SIGNIFICANT changes in a family situation, though there is no guarantee that additional aid will be provided by the College to account for family changes. These changes may include loss of income or resources due to death, divorce, unemployment, retirement, disability, layoff, change in child or spousal support, increased or excessive medical costs not covered by health insurance, or a change in the number of family members in the household since your original financial aid award was calculated.

Indicate which of the following best describes your situation and attach or provide a detailed explanation on the next page:

- ☐ Change or loss of anticipated resources.
- ☐ Change or loss of income or employment.
- ☐ Increased family medical expenses not covered by insurance.
- ☐ Change in family size, marital status, or number in college.

Other: _____

Any changes to current financial aid awards will be contingent upon the type of funds available, the College's appeals budget, student eligibility guidelines and funding regulations. The Appeals Committee may require further documentation before making a decision.

Please provide a detailed statement below regarding the significant changes in your financial circumstances or describe any special conditions that may not have been considered at the time your award was calculated. Be very specific about the amount of additional funds you are requesting.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Parent loans for this student \$

We are requesting a reconsideration of the financial aid award initially offered to us. By signing below, I/we certify that the information provided is true and correct to the best of my/our knowledge and belief.

DATE _____

Bennington College Office of Financial Aid One College Drive Bennington, Vermont 05201-6003 802-440-4325 fax 802-440-4880 finaid@bennington.edu