

Flexible Tuition Appeal Form

Student's Name:			
Parent's Name(s):	:		
Phone Number(s)	:		
Please select the	reason for you	ır appeal:	
 We did not appropriate 	ply for financia	al aid during the application period and	would like to be considered.
o Our financial a	id award is no	t adequate to meet our need.	
Did you update yo Yes	our information No	n in Clarity? N/A	
Have your family? Yes	s circumstance No	es changed since you first applied for fin N/A	ancial aid?
(use additional pa	aper if necessa	y's changed circumstances: ry)	
•	pplication refle	ect your financial situation?	
Yes No			

(use additional paper if necessary)					
What is the maximum amount you can afford to pay for tuit (please specify if this is the amount per month or per year)	tion?				
Does this include contributions from other family members	?	Yes	No	N/A	
All of the information provided with the submission of this abest of my knowledge. If necessary, I agree to provide furth that I have given. I understand that submission of an appea financial aid award.	er dod	cumentat	ion of the	information	
Signature:	Date	:			

Required Documentation

Reason For Appeal	Documentation Required			
Loss of wages/untaxed income/benefits	 Documentation that proves the income received to date for the year (e.g., copy of your two most recent/final pay stub, documentation of unemployment benefits, etc.) Documentation that explains and substantiates the estimate for the amount of income you will receive for the remainder of the year. 			
Separation or divorce since the aid applications were completed	 Documentation confirming the date of the separation or divorce. For the parent who completed the PFS, documentation that proves the income already received to date for the year (e.g., copy of most recent/final pay stub, etc.) and that verifies the estimate for the amount of income you will receive for the remainder of the year. 			
Death of a parent since the aid applications were completed	 Copy of death certificate, obituary, etc unless not required by the Head of School. Documentation that proves the income already received to date for the year (e.g., copy of most recent/final pay stub, etc.) and that verifies the estimate for the amount of income you will receive for the remainder of the year. 			
Paid medical and/or dental expenses or ongoing disability	 Documentation of the amount the parent(s) paid (copies of bills, cancelled checks, etc.). Letter from a medical provider of condition and inability to work and/or social security disability benefit documentation. 			
Other	Any documentation that substantiates the claim.			