



Santa Clara University Financial Aid Office 2025-2026 Financial Aid Appeal for Need-Based Reconsideration

Purpose of Form

Through the Higher Education Act, Santa Clara University Financial Aid Office has been granted the authority to exercise professional judgment to account for a student's special circumstances that differentiate his/her current financial or family situation from that reported on the 2025-2026 Free Application for Federal Student Aid (FAFSA). By submitting the Financial Aid Appeal for Reconsideration form, a student is requesting consideration for a specific change in his/her financial or family circumstances. We make every effort to respond as quickly as possible however, the response time may be up to 4 weeks.

NOTE: In most cases, approved appeals of this type will only result in a change to your federal and/or state financial aid.

IMPORTANT NOTES

1. **You must complete the 2025-2026 Free Application for Federal Student (FAFSA) for *any* consideration.**
2. The situations listed on this form are those situations that the Santa Clara University Financial Aid Office will review for possible changes in financial aid eligibility.
3. If your FAFSA was selected for verification, the verification process must be completed before we can exercise professional judgement.
4. In most cases, you may be required to provide tax return transcripts and/or documentation for verification purposes.
5. In addition to completing the 2025-2026 Free Application for Federal Student Aid (FAFSA), Financial Aid Appeal for Reconsideration form and providing the proper documentation(s), you must also submit a detailed statement to explain the change in your financial or family circumstances.
6. **The completed form and other documents can be emailed to the Financial Aid Office at onestop@scu.edu, or mailed to our office at 500 El Camino Real, Santa Clara, CA 95053.**

*Adjustments to a financial aid offer as a result of submitting an Appeal for Reconsideration are neither guaranteed nor immediate and depend upon the availability of funding. Forms received without the appropriate signature(s) or missing information or requested documents are considered incomplete and will not be reviewed. *

We will send notification of the outcome of your appeal to the requesting party once the review is complete. Notices may be sent via the email or physical address provided to us on this form.

**Santa Clara University Financial Aid Office
2025-2026 Financial Aid Appeal for Reconsideration**

Print Full Name (as it appears on your campus student records)	SCU ID Number
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*****Please provide the name(s) of Parent 1 and/or Parent 2, as applicable:***

Parent 1: _____

Parent 2: _____

Reason for Appeal	Required Documentation
<input type="checkbox"/> Loss of Employment for Parent 1 <input type="checkbox"/> Loss of Employment for Parent 2 <input type="checkbox"/> Loss of Employment for Student	<ul style="list-style-type: none"> ✓ A letter from your former employer on company letterhead detailing your termination, reason for separation, and amount of any benefits or severance pay ✓ Copy of most recent pay stub with year-to-date gross earnings ✓ Unemployment benefit or denial letter ✓ Copy of 2023 W-2s (if any) ✓ Copy of 2024 1040 tax return (signed)
<input type="checkbox"/> Reduction of employment/income for Parent 1 <input type="checkbox"/> Reduction of employment/income for Parent 2	<ul style="list-style-type: none"> ✓ A letter from employer on company letterhead detailing your reduction of time, date reduction began, and reason for reduction ✓ Copy of most recent pay stub with year-to-date gross earnings ✓ Copy of 2023 W-2s (if any) ✓ Copy of 2024 1040 tax return (signed)
<input type="checkbox"/> Excessive medical or dental expenses	<ul style="list-style-type: none"> ✓ Documentation (e.g., receipts for co-pays, doctor bills, hospital bills, prescription bills, etc.) detailing the out-of-pocket expenses not covered by insurance ✓ Copy of most recent pay stub with year-to-date gross earnings
<input type="checkbox"/> Death of parent or spouse after filing the FAFSA	<ul style="list-style-type: none"> ✓ A copy of death certificate or obituary ✓ Copy of most recent pay stub with year-to-date gross earnings ✓ A statement regarding value of life insurance payment(s)

Divorce or separation after filing the FAFSA

****Please provide name of the custodial parent:**

- ✓ A copy of the divorce or separation agreement
- ✓ A signed statement to explain change in marital status, including all relevant dates such as date of divorce or separation and date moved into separate residences
- ✓ Documentation of living in separate residence (e.g., utility bills, lease, etc.)
- ✓ Copy of most recent pay stub with year-to-date gross earning

Taxable income expected to be earned from January 1, 2025 through December 31, 2025

	Student	Parent 1	Parent 2
Income	\$	\$	\$
Severance Compensation	\$	\$	\$
Unemployment Benefits	\$	\$	\$
Interest/Dividend Income	\$	\$	\$
Other Taxable Income	\$	\$	\$

Untaxable income expected to be earned from January 1, 2025 through December 31, 2025

	Student	Parent 1	Parent 2
Payments to Retirement	\$	\$	\$
Social Security Benefits	\$	\$	\$
Child Support Received	\$	\$	\$
Welfare Benefits	\$	\$	\$
Veterans Benefits	\$	\$	\$
Other Untaxed Income	\$	\$	\$

As of today, total balance of accounts

	Student	Parent 1	Parent 2
Cash	\$	\$	\$
Checking and Savings	\$	\$	\$

Additional Information - Please be specific and use additional pages if necessary

Certification Statement- By signing below, I/We certify that:

I/We understand that the submission of an appeal does not release the student from obligation of staying current with Santa Clara University by making either on-time payments or payment arrangements with the Bursar's Office.

I/We understand that as there is no guarantee that an appeal will be approved, it is the student's responsibility to maintain good standing with the Bursar's Office, Office of the Registrar, and Santa Clara University.

I/We affirm that the information provided on this form and attached documentation is accurate and complete to the best of our knowledge.

I/We understand that completing this form does not guarantee financial aid will be increased.

I/We understand that any revision based on this appeal information does not guarantee the same adjustments will be made in future quarters and/or academic years.

Print Full Name (as it appears on your campus student records)	Campus/Student Identification Number
Print Full Mailing Address (Number, Street, City, State, Zip Code)	Email Address
	Phone Number
Signature	Date

Print Parent's Full Name	
Parent's Signature	Date
Parent's Email	Parent's Phone Number