

# 2026-27 Need-Based Appeal Form

To apply for need-based assistance, eligible students first complete the **2026-27 Free Application for Federal Student Aid (FAFSA)** at [StudentAid.gov](https://studentaid.gov). Appeals for certain circumstances that are not reflected on the FAFSA can be made here. This form should be submitted at the time the FAFSA is completed, or when the special circumstances become known. Only 1 form is required per family; list sibling(s)' information in Student Information section.

STUDENT INFORMATION			
Student Last Name	Student First Name	Middle Initial	Student ID
Street Address	City	State/Province	Zip/Postal Code
Phone	Email		
Sibling(s) at SAIC (include Name and Student IDs)			

## REQUEST FOR SPECIAL CIRCUMSTANCES (Complete only the sections that apply to you)

**K-12 Private Tuition:** In the grid below, include the anticipated amount to be paid, less any assistance received from the school, church or other sources, for each child that will be enrolled in private K-12 schooling during the 2026-27 year. **Important:** Please include a tuition billing statement from the school reflecting total annual tuition to be paid with your appeal.

Student Name	Grade Level	Name of School	Tuition to be Paid
<b>Total:</b>			

**College Tuition:** If the sibling(s) or parent(s) of a dependent student is enrolled in college at least half time in a degree, certificate, or other program leading to a recognized educational credential at an eligible institution, then report the amount of tuition to be paid, less any assistance received from the school or other sources, for the 2026-27 year.

**Important:** Please include a copy of the most recent financial aid award letter with your appeal.

<b>Total:</b>	
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**Unusually High Medical, Dental, and Dependent Care Costs:** The FAFSA has a built-in allowance for these kinds of expenses. If you believe your expenses (not covered by insurance) are unusually high, complete the questions below.

1. Report the total amount of Medical/Dental bills PAID (after insurance) from Jan. 1, 2026 to Dec. 31, 2026 and/or PAID from Jan. 1, 2027 to today's date in this box:

Total:	
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2. Report the total amount of unreimbursed expenses for medically-related care of family members from Jan. 1, 2026 to Dec. 31, 2027 and/or PAID from Jan. 1, 2027 to today's date in this box:

Total:	
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**Important:** Please include support for your PAID medical expenses given above. Documentation could include "Schedule A" (itemized deductions) from your 2024 federal 1040 tax return; a signed, itemized list of expenses that includes date of service, payee, and an amount paid; a detailed written statement; or other documents that demonstrate a financial burden. Appeals without supporting documentation cannot be considered.

**Reduction in Income:** The 2026-27 FAFSA is based on 2024 income. Complete the section(s) below if there has been a significant and involuntary reduction to income since 2024. Estimate anticipated 2026 income to the best of your ability.

Parent Income (Estimate for period 1/1/2026 to 12/31/2026)	
Parent 1 Wages/Severance Pay:	
Parent 1 Unemployment Benefits:	
Parent 1 Other Income:	
Parent 2 Wages/Severance Pay:	
Parent 2 Unemployment Benefits:	
Parent 2 Other Income:	
<b>TOTAL 2026 Income:</b>	

Student Income (Estimate for period 1/1/2026 to 12/31/2026)	
Student Wages/Severance Pay:	
Student Unemployment Benefits:	
Student Other Income:	
Student's Spouse Wages/Severance Pay:	
Student's Spouse Benefits:	
Student's Spouse Other Income:	
<b>TOTAL 2026 Income:</b>	

**Important:** Please include supporting documents for your estimates given above. Documentation could include recent paystubs, unemployment benefits statements, and letters from employers, a detailed written explanation of changes, or other documents that demonstrate a change in financial circumstances. Appeals without supporting documentation cannot be considered.

Other Circumstances or Explanation:
Use this space to explain any other circumstances not reflected on the FAFSA, or to further explain any of the information from foregoing sections. Attach another page if necessary.

*I declare, under penalty of perjury, that the information on this form is true, complete and accurate to the best of my knowledge. I understand that if my situation above changes, I must notify the Office of Student Financial Services Immediately.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Parent or Spouse's Signature

\_\_\_\_\_  
Date