



FINANCIAL AID APPEAL: 2026-2027

If you need assistance completing this form please contact the Financial Aid Office at (585) 345-6900 or financialaid@genesee.edu

If you would like your 2026–2027 Financial Aid application to be re-evaluated based on your extenuating circumstances, complete all applicable sections of this form. Mail the completed form to the address at the bottom of the next page or fax it to (585) 343-6726. For help completing this form, contact the Financial Aid Office.

1 Social Security # --

2 Name _____
Last, First, Middle Initial

3 If your parents' or your own marital status has changed because of separation, divorce or death, please describe that change below and attach documentation to verify the change (i.e. divorce decree, death certificate, etc.)

4 If you or your family had extraordinary medical expenses in 2024 or 2025, state the actual amount of unreimbursed medical expenses (including your family's portion of insurance premiums) that was paid for all family members in 2023 or 2024, and attach documentation that verifies your statement. If you or your family will have extraordinary medical expenses in 2025, estimate the total unreimbursed medical expenses (including your family's portion of insurance premiums) that will be paid for all family members, and attach documentation that verifies your estimate.

Actual 2025 unreimbursed medical expenses \$ _____

Estimated 2026 unreimbursed medical expenses \$ _____

5 Explain the nature of extraordinary medical expenses

6 If your parents have unusually high living expenses or debts, provide a brief explanation and attach a breakdown of their monthly expenses. Indicate how they are currently meeting their financial obligations. (Expenses for consumer debts generally cannot be allowed in the calculation of financial aid eligibility.)

7 If you are appealing based on a reduction of income please explain the reason for your reduced income. **Do not leave this question blank.**

8 If your or your parents' 2025 income or expected 2026 income will be lower than it was in 2024, fill out the chart below. Do not leave any lines blank. Enter "0" if appropriate. If we are able to change your award based on estimated income, we will request verification of your 2024 income. At that point, we may revise your award based on the accuracy of your 2025 or 2026 estimates.

Please check one:

- I am providing actual 2025 income (earned 1/1/25– 12/31/25). Please attach a copy of 2024 Federal Tax Return.
- I am providing an estimate of 2026 income (earned 1/1/26 – 12/31/26)

	Mother	Father	Student	Spouse
Taxable income				
Wages, salaries, tips	\$ _____	\$ _____	\$ _____	\$ _____
Severance pay	\$ _____	\$ _____	\$ _____	\$ _____
Unused vacation or holiday pay	\$ _____	\$ _____	\$ _____	\$ _____
Distributions from retirement accounts	\$ _____	\$ _____	\$ _____	\$ _____
Pensions	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____	\$ _____
Interest	\$ _____	\$ _____	\$ _____	\$ _____
Dividends	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Business or farm income or loss	\$ _____	\$ _____	\$ _____	\$ _____
Rental income or loss	\$ _____	\$ _____	\$ _____	\$ _____
Other taxable income source _____	\$ _____	\$ _____	\$ _____	\$ _____
Untaxable income				
Social Security benefits	\$ _____	\$ _____	\$ _____	\$ _____
Child support	\$ _____	\$ _____	\$ _____	\$ _____
AFDC/ADC	\$ _____	\$ _____	\$ _____	\$ _____
Other welfare benefits	\$ _____	\$ _____	\$ _____	\$ _____
Personal contributions to retirement accounts	\$ _____	\$ _____	\$ _____	\$ _____
Other untaxed income source _____	\$ _____	\$ _____	\$ _____	\$ _____
Total 2025 income (sum of all lines)	\$ _____	\$ _____	\$ _____	\$ _____

If you are appealing because of a job loss, please indicate the month and year in which you became unemployed: ____/____/____

We can only make adjustments when there are exceptional changes in a family's financial circumstances. Not every appeal results in a student receiving additional financial aid.

9 Student's signature _____ Date ____/____/____

10 Parent's signature _____ Date ____/____/____

11 Spouse's signature (if married) _____ Date ____/____/____

Affirmative Action: In accordance with federal regulations, the New York State Human Rights Law, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act, Genesee Community College does not discriminate on the basis of age, race, color, creed, gender, religion, marital status, veteran status, national origin, disability, or sexual orientation in educational programs, activities, admissions, or employment.