

Office of Student Financial Assistance, 621 Huntington Avenue, Boston, MA 02115

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## 2025-2026 FINANCIAL AID APPEAL FORM

To appeal a financial aid decision due to a change in financial circumstances or new information, please complete Sections I, II, III and IV of this form and submit with the corresponding documentation detailed below by email.

*Note: If parents are separated/divorced, please have the parent who completed the FAFSA complete this form. At MassArt, we only take into account information from contributors to the FAFSA.*

### Section I

Student Name: \_\_\_\_\_ MassArt ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

**Section II - Check all circumstances below that apply and indicate year(s) of impact: \_\_\_\_\_**

Check	Circumstance	Required Documents (Attach documentation with submission of this form.)
<input type="checkbox"/>	Reduction in Income or Loss of Employment	<ul style="list-style-type: none"><li>• Explanation of Loss in Section III</li><li>• Reduction in Income:<ul style="list-style-type: none"><li>○ Copy of 2024 Student and Parent tax return(s) including all pages and W-2's</li></ul></li><li>• Loss of Employment:<ul style="list-style-type: none"><li>○ Copy of last pay stub from employer</li><li>○ Termination notice (from with last 12 weeks)</li><li>○ Severance statement and/or Unemployment benefits statement (if applicable)</li></ul></li><li>• Complete MassArt 2025-2026 Verification Worksheet</li></ul>
<input type="checkbox"/>	Reduction in Untaxed Income/Benefits	<ul style="list-style-type: none"><li>• Explanation of Loss in Section III</li><li>• Attach appropriate documentation. Such as:<ul style="list-style-type: none"><li>○ Notice of termination of child support</li><li>○ Termination notice of: disability benefits, social security, worker's compensation, etc.</li><li>○ List new amount of benefits to be received by each member of household in the tax year submitted on the FAFSA.</li></ul></li><li>• Complete MassArt 2025-2026 Verification Worksheet</li></ul>
<input type="checkbox"/>	One-Time or Non-Recurring Income	<ul style="list-style-type: none"><li>• Explanation of Income in Section III (type, amount, and use of income) For example: early IRA/Retirement Distribution, Sale of Business or Property, Inheritance, other non-recurring income reported on a Form 1099.</li><li>• Complete MassArt 2025-2026 Verification Worksheet</li></ul>
<input type="checkbox"/>	Change in Assets	<ul style="list-style-type: none"><li>• Explanation of Change in Section III</li><li>• Attach appropriate documentation. Such as: bank account statements or other relevant documentation</li><li>• Complete MassArt 2025-2026 Verification Worksheet.</li></ul>

Check	Circumstance	Required Documents (Attach documentation with submission of this form.)
<input type="checkbox"/>	Medical/Dental Expenses	<ul style="list-style-type: none"> <li>• Explanation of expenses not covered by insurance in Section III.</li> <li>• Summary documentation of medical expenses.</li> <li>• Attach Schedule A from applicable tax year.</li> </ul>
<input type="checkbox"/>	Home Repair	<ul style="list-style-type: none"> <li>• Explanation of home repair due to emergency and/or natural disaster.</li> <li>• Attach relevant documentation.</li> <li>• Provide detail about impact on family financial situation- drop in assets? Increase in home mortgage payment? Other?</li> </ul>
<input type="checkbox"/>	Household Member Changes	<ul style="list-style-type: none"> <li>• Complete just the household member listing on the MassArt 2025-26 Verification Worksheet.</li> </ul>
<input type="checkbox"/>	New Divorce or Separation	<ul style="list-style-type: none"> <li>• Explanation in Section III.</li> <li>• Date of separation, support agreement, etc.</li> <li>• Impact on family's financial situation (e.g. support of second household, loss of income, legal fees)</li> </ul>
<input type="checkbox"/>	Death of a Parent	<ul style="list-style-type: none"> <li>• Explanation in Section III. Provide date of death, estate debts, funeral expenses, and life insurance details. Attach related documentation.</li> <li>• Obituary or death certificate.</li> <li>• Does the death leave the student an orphan?</li> </ul>
<input type="checkbox"/>	Cost of Attendance	<ul style="list-style-type: none"> <li>• Explain changes due to increased non-discretionary expenses in the budget in Section III.</li> <li>• Attach relevant documentation (e.g. lease agreement, receipts, contracts).</li> </ul>
<input type="checkbox"/>	Other	<ul style="list-style-type: none"> <li>• Explain circumstances and financial impact in Section III.</li> <li>• Attach relevant documentation.</li> </ul>

### Section III - Personal Statement

Please attach a statement with details about your circumstance(s) and your reason(s) for submitting the appeal.

### Section IV - Student/Parent Certification

- I certify that all information provided on this form is accurate and complete as of this date.
- I understand that verification of this information may be requested at a later date and that my award may be adjusted as a result of the verification process.
- I understand that submission of this request does not excuse or extend any upcoming payment deadlines and does not guarantee an increase to my financial aid award.

I certify that I have read and understood the above statements (required):

(Circle) Student/Parent \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Please note that requests for financial aid appeal will not be reviewed until all required documentation has been submitted. If further information is needed, you will be contacted by our Office.**