Financial Aid Appeal:
College Expense Form

Student ID

Name

SHEPHERD UNIVERSITY

Complete this form if you are requesting that the 2026-2027 FAFSA be adjusted to reflect the college expenses of another household member. A portion of this form must be completed by an authorized representative of the other institution.

To be completed by **the other household member**:

Answer the following questions about yourself:

First Name

Last Name

College

What is your relationship to the student submitting this appeal?

◯ **Sibling** ◯ **Parent**

Does this expense create a financial hardship for your family?

◯ **Yes** ◯ **No**

I give written consent to the college named above to release details regarding my financial aid eligibility and billing to the Shepherd University Office of Financial Aid, for the purpose of reviewing the financial hardship that it places on my household.

Student ID

Student Signature Date

To be completed by **the other college**:

Academic Year Dates: –

Housing Status: ◯ **On-Campus** ◯ **Off-Campus** ◯ **W/ Relative**

Billed Charges

	Semester 1:	Semester 2:
Tuition and Fees		
Housing		
Meal Plan		
Books		
Total		

Has the student completed the relevant FAFSA? ◯ **Yes** ◯ **No**

Is the student registered at least half-time? ◯ **Yes** ◯ **No**

Is there a payment plan in place for the remaining balance due? ◯ **Yes** ◯ **No**

Financial Aid

		Semester 1:	Semester 2:
Gift Aid	Federal		
	State		
	Institutional		
	Other		
	Federal Loan		
	Total		

Institution

Title

Printed Name

FAA's Signature Date