



LEHIGH UNIVERSITY®

2025-2026 Appeal for Additional Financial Aid

Student Name: _____ Lehigh Identification Number (LIN): _____

Email Address: _____ Date of Birth: _____

Your financial aid award was based on our careful analysis and thorough review of your CSS Profile, FAFSA and tax returns. If any of the information has changed, or you feel there are special circumstances or additional information related to your family's financial picture not captured in these materials, please complete this form and submit a written explanation. Please keep in mind the following:

- A request for review of these special circumstances will include reconsideration of the entire financial aid application and possible request for additional information. **In some cases, aid eligibility may decrease based on this review.**
- The Office of Financial Aid reserves the right to utilize internet-based resources to verify all information.
- This form is only used for need-based financial aid eligibility.
- Students who are wait-listed for financial aid due to a late application should not complete this form. Those students will automatically be reconsidered for Lehigh Grant assistance when/if additional funding becomes available.
- Funding may be limited based on timing of appeal.

Please indicate the factors that are impacting your ability to pay for your child's education:

☐ Loss of employment or reduction in pay from 2023 to 2024. Please attach copies of your 2024 federal tax information, including all schedules and W-2s, as well as 2023 business tax information (if applicable). If your household income decrease is related to calendar year 2025, please request the "Change in Financial Circumstance" form from your financial aid counselor.

☐ High medical expenses

☐ Receipt of one-time income affecting need analysis

☐ Loss of income or assets due to catastrophic event

☐ Change in parents' marital status

☐ Other (Please explain): _____

IMPORTANT: Please provide a written statement along with any documentation to support your claims above. Check the portal to determine if additional information is requested.

Parent Signature: _____

Parent Email Address: _____ Phone Number: _____

Please submit to Lehigh University's Office of Financial Aid via the
go.lehigh.edu/finaiddoccenter, by mail, or by fax (610)758-6211.

You may also contact our office at (610)758-3181 or financialaid@lehigh.edu