



Office of Financial Aid
EMAIL: faappeal@cooper.edu
FAX: 917-793-3304
41 Cooper Square
New York, NY 10003

2026-2027 Request for Financial Aid Reconsideration

Student Name: _____ Student ID #: _____

All requests must include applicable supporting documents.

- Copy of the 2024 and 2025 (if applicable) signed completed Federal Tax Return and all W-2s for the student and parent (if applicable)
- Letter explaining in detail the circumstances and the reason for your appeal.
- Additional documentation if requested.

Check the reason(s) that best describes your situation and provide all requested documentation.

☐ Unemployment: Person's Name: _____

Relationship to Student _____

- Please write a statement explaining the beginning and end date of all employment. Also, indicate the beginning and end date of any unemployment compensation and any other sources of income for 2024.
- Copy of the 2024 signed Federal Tax Return and W-2s for the student and parent (if applicable)
- Copy of the letter of termination/change in status from the employer stating the change in status date, any benefits received, and any severance pay documentation for each employment listed in the above statement.
- Copy of official statement of unemployment eligibility, if receiving unemployment benefits

☐ Disability/Death: Name of disabled or deceased person: _____

Relationship to Student _____

- Please write a statement explaining the circumstances
- Copy of the letter from the employer stating any benefits received.
- Copy of the 2024 signed completed Federal Tax Return and W-2s (if applicable)
- In the case of disability: copy of the official statement of disability benefits, eligibility for workers compensation, or eligibility for social security benefits.
- In the case of death: copy of the death certificate or obituary.

☐ **Divorce/Separation:** Date of separation or divorce:

Relationship to Student _____

- Please write a statement explaining the situation including the date of separation as well as the beginning and end date.
- Copy of the 2024 signed completed Federal Tax Return and W-2s for the student and parent (if applicable)
- In the case of divorce: copy of official divorce decree.
- In the case of separation, proof of separate addresses, (i.e. Gas/electric bill), and please address custody, child support, and alimony in a written statement

☐ **Other** _____

- All students including international students, please write a statement in a separate letter explaining in detail any financial circumstances that are not listed above.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(Parent Signature required for all Dependent Students)

❖ Please send completed form and any supplemental materials (if applicable) to
faappeal@cooper.edu.