## University of Washington 2021-22 School of Medicine Scholarship

## Appeal to Exclude Parent Tax Return

Name:	
Student ID:	
Foundations Site:	
Entering Year:	

Please select which situation applies to you:

 $\Box$  My appeal was approved in a prior year and my financial situation is unchanged

□ Parent tax information has changed significantly since 2019, including changes due to COVID-19

 $\square$  Parent marital status has changed since 2019

 $\Box$  You are over 30 and have supported yourself independently for at least six years

□ You are married and/or have children and have supported yourself independently **for at least six years** 

 $\Box$  Other

Please provide any details regarding your situation that may be helpful when considering your appeal (500 words max.)