Professional Judgment Request

Student Name ________________________________
ID# ________________________________ Phone: ________________________________

Instructions:

- Your FAFSA takes a ‘snapshot’ of your family’s financial condition based on the income from 2015. If there was a significant change in your family’s income or there was unusual expenses since you filed your FAFSA the school may be able to take these circumstances into account when determining your eligibility for Federal Financial Aid.
- You should only apply for a Professional Judgment when there are circumstances beyond the control of the family that significantly affect the family’s ability to contribute to the student’s educational expenses.
- Please fill out this form completely and include all requested documentation to support your appeal. Please write your name and ID# on all additional pages and documents submitted.
- You must have a FAFSA on file with the Financial Aid Office and must have submitted all requested documents. To avoid delays submit all paperwork together at the same time. If your request is incomplete it cannot be processed.
- NOTE: Doing an adjustment to your income does not guarantee that your awards will change.

Reason for Income Adjustment:

➢ Submit a typed EXPLANATION about your unusual circumstances and how they affect your financial situation. The explanation must be specific and include all information relevant to your request. Attach the typed explanation to this form. Please sign this request and your written explanation.

<table>
<thead>
<tr>
<th>Income Reduction Reason</th>
<th>Required Documents</th>
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<tbody>
<tr>
<td>Loss/Change In Employment</td>
<td>➢ Letter or notification from employer regarding loss of job or change in job status.</td>
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<td>➢ Copy of most recent paystub from new employer, if any</td>
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<td>➢ Notice of application for unemployment benefits, specifically, the Maximum Benefit Letter detailing the amount received.</td>
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<td>➢ Copy of most recent paystub from previous employer</td>
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<td>➢ Copy of students' most recent Federal Tax Return</td>
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<tr>
<td>Separation/Divorce</td>
<td>➢ Separation papers or agreement, or</td>
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<td>➢ Divorce Degree, or</td>
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<td>➢ Letter from attorney stating marital status, or</td>
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<td>➢ Copy of Students' most recent Federal Tax Return</td>
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<td>➢ Copies of all W-2's</td>
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OVER
Professional Judgment Request

Death of a Spouse
- Copy of death certificate
- Copy of Students’ most recent Federal Tax Return
- Copy of Death Notice
- Copies of all W-2’s

One-Time Income
- In your letter of Explanation include the source, amount of income, and reason the funds are not available for educational expenses
- Copy of Students’ most recent Federal Tax Return

Medical/Dental Expenses
- Only amounts PAID BY YOU in previous year should be included
- The amount paid must exceed 7.5% of your Adjusted Gross Income for the last year, and only that amount can be considered
- Copy of Students’ most recent Federal Tax Return
- Copies of PAID receipts or copies of canceled checks

Death of Parents
(Dependent Student only)
- Copy of Death Notices.

Other
- Include in your letter of Explanation all details relating to unusual circumstances
- Copy of Students’ most recent Federal Tax Return
# Professional Judgment Request

## Estimated Income Information

Please fill out completely. If an item does not apply, enter $0. All amounts should be for the time period of January to December.

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Father / Step-Father</th>
<th>Mother / Step-Mother</th>
<th>Student</th>
<th>Spouse</th>
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<tr>
<td>Estimated Gross Income earned from work</td>
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## Certification

By signing below, you verify that all the information on this form is true, accurate and complete.

______________________________  ________________________
Student Signature               Date

______________________________  ________________________
Parent Signature                Date
Professional Judgment Request

FOR OFFICE USE ONLY

___________ APPROVED _____________________ DATE  _________________OLD EFC

___________ DENIED _____________________ DATE  _________________NEW EFC

REASON FOR DENIAL or APPROVAL:

______________________________________________________________________________________________________
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_____________________________________________ __________________________
SIGNATURE OF FINANCIAL AID COUNSELOR  DATE