



## 2018-2019 PROFESSIONAL JUDGMENT REQUEST

The Higher Education Act allows financial aid offices to address unusual circumstances when a family's ability to pay for a college education is not accurately reflected on the FAFSA. Since each situation will be reviewed on a case-by-case basis, additional aid is not guaranteed. Students who already have an Estimated Family Contribution of 0 should not apply for a professional judgment as this type of change will have no impact on fund eligibility.

### A. STUDENT INFORMATION

Last Name	First Name	M.I.	Student ID Number	
Street Address	City	ST	Zip	Phone Number

### B. PROFESSIONAL JUDGEMENT REASON

Unusual Circumstances	Required Documents
<input type="checkbox"/> Loss of Employment	<input type="checkbox"/> Letter of explanation. Explain in detail how your income has changed. Clearly report your projected income from all sources from the last date of employment until December 31, 2017. <input type="checkbox"/> Termination letter than includes dates of the last date of employment. <input type="checkbox"/> Copy of last paystub with year to date earnings or letter of termination. <input type="checkbox"/> Documentation of any unemployment benefits (shows amount of benefit and start/end date)
<input type="checkbox"/> Decrease in Wage or Salary	<input type="checkbox"/> Letter of explanation. Explain in detail how your income has changed in. <input type="checkbox"/> Copy of last paystub with year to date earnings before wage decrease <input type="checkbox"/> Copy of current paystub with year to date earnings after wage decrease <input type="checkbox"/> Documentation of any unemployment benefits (shows amount of benefit and start/end date) <input type="checkbox"/> Completed, signed copy of prior year's income tax return, W2 forms and any relevant worksheets or schedules.
<input type="checkbox"/> Decrease or Loss of Benefits	<input type="checkbox"/> Letter of explanation. Explain in detail how your income has changed. <input type="checkbox"/> Third-party documentation that includes when the benefits were terminated/reduced <input type="checkbox"/> Completed, signed copy of prior year's income tax return, W2 forms and any relevant worksheets or schedules.
<input type="checkbox"/> Divorce or Separation	<input type="checkbox"/> Letter of explanation. <input type="checkbox"/> Copy of divorce/separation decree or letter from an attorney <input type="checkbox"/> For Dependent Student: Custodial parent's income information <input type="checkbox"/> For Independent Student: Your income information
<input type="checkbox"/> Death of a Spouse or Parent	<input type="checkbox"/> Copy of Death Certificate for the parent of a dependent student, spouse of an independent student <input type="checkbox"/> Documentation of any insurance settlement, Social Security Benefits, etc. <input type="checkbox"/> Signed copy of the parents and/or student's prior year income tax return
<input type="checkbox"/> Unusual Medical/Dental Expenses PAID by family (not covered by insurance)	<input type="checkbox"/> Letter of explanation. <input type="checkbox"/> Third-Party Documentation explaining total patient liability, that is, the amount due and not covered by insurance (i.e. receipts, cancelled checks, etc) <input type="checkbox"/> Documentation that medical expenses were paid by student <input type="checkbox"/> Completed, signed copy of prior year's income tax return, W2 forms and any relevant worksheets or schedules.
<input type="checkbox"/> Loss of Business or Farm due to bankruptcy, foreclosure or natural disaster	<input type="checkbox"/> Letter of explanation <input type="checkbox"/> Documentation of the value of the business or farm liable for the debt <input type="checkbox"/> Copy of court ordered bankruptcy payments Completed, signed copy of prior year's income tax return, W2 forms and any relevant worksheets or schedules.

<input type="checkbox"/> Unusual Enrollment History	<input type="checkbox"/> Unusual Enrollment History Form <input type="checkbox"/> Unusual Enrollment Explanation
<input type="checkbox"/> Tax Transcript Not Submitted	<input type="checkbox"/> Amended Tax Return <input type="checkbox"/> Proof of why transcript cannot be submitted <input type="checkbox"/> Parent not citizen documentation/Foreign Tax Filers <input type="checkbox"/> Tax Filing Extension <input type="checkbox"/> Identity Theft Police Report
<input type="checkbox"/> Private school tuition for siblings/children	<input type="checkbox"/> Letter of explanation <input type="checkbox"/> Copies of official tuition services. Only tuition for the prior year may be considered. <input type="checkbox"/> Completed, signed copy of prior year's income tax return, W2 forms and any relevant worksheets or schedules.
<input type="checkbox"/> Other _____ _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

**C. AUTHORIZATION CERTIFICATION**

- I certify that all of the information provided on this form is complete and correct to the best of my knowledge.
- I understand that I may be asked to submit additional documentation if necessary.
- I understand that if I do not fully document my special circumstance, my request may be denied.
- I understand that a change in income, benefits or other circumstance may not always result in additional funding.

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**Student Signature** **Date**

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**Parent Signature (Required for Dependent Student only)** **Date**

FOR OFFICE USE ONLY

<b>Date Received:</b>	
<b>Reviewed By:</b>	
<b>Approved By:</b>	
<b>Correction Date:</b>	