

2018-2019 Professional Judgment Worksheet

Social Security Number

Student ID Number

Grid for Social Security Number with dashes in the 4th and 7th positions.

Grid for Student ID Number starting with 'S' in the first position.

Name _____

Address _____
Street City Zip Telephone Number

2018-2019 financial aid eligibility is based upon the information you provided on the 2018-2019 Free Application for Federal Student Aid (FAFSA). A request for professional judgment is appropriate when you, your spouse, or your parents experience a change in income from the 2016 figures that were reported on your original financial aid application. Check the situation below that applies. In addition, you MUST include a signed written statement and supporting documentation that explains the reason for the requested change. A request submitted without a statement or documentation will not be considered.

After the professional judgement is processed, the student will be notified in the form of an award letter and/or corrected Student Aid Report. Each request will be reviewed on a case by case basis. Approval or denial of the appeal will be determined by a Financial Aid Officer and is final. Approval of this application does not guarantee that you will receive any additional financial aid.

I, my spouse, or one of my parents (if dependent) has experienced a change in income from work. Effective Date: _____. Who has experienced the change of income from work? _____. You must document actual income; if your most recent 2017 tax information accurately reflects your current financial situation, please attach a copy of your 2017 federal tax returns. If your income has since changed compared to your 2017 tax information, then you must project your estimated income for the 2018 calendar year. (*Please complete page 2). If applicable, include any documentation of severance benefits, unemployment benefits, pay stubs, etc.

I, my spouse, or one of my parents (if dependent), have had a change in income, other than from work since 2016 (loss of unemployment, TANF, child support, social security, one time income, etc.). Please provide documentation of the change. (i.e.: letter from the Social Security Administration, court order for child support, etc.). If request is based upon the loss of "one-time" income, please attach a copy of the 2016 federal tax return showing the income and provide a letter explaining how the income was spent or why it is no longer available for your use to meet educational expenses.

I, my spouse, or one of my parents (if dependent), has high medical or dental expenses in excess of 11% of my/their 2016 Adjusted Gross Income. (Please provide copies of all medical bills paid in the 2016 calendar year.)

I, my spouse, or one of my parents (if dependent), has other circumstances which should be taken into consideration. Please provide a detailed letter of explanation and full documentation of the circumstances. Do not include credit card debt, house payments, car payments, etc.

Student Signature: _____ Date: _____

Spouse/Parent Signature: _____ Date: _____

For Financial Aid Office Use Only:

Professional Judgment Request approved/denied by: _____ Date: _____

Secondary Review conducted by: _____ Date: _____

Comments:

Three horizontal lines for writing comments.

***Complete this section ONLY if your income has changed for the 2018 year. This section is required if your expected 2018 income differs from your 2016 and 2017 income.**

Anticipated Total Income, Earnings, and Benefits for Calendar Year 2018 (January 1, 2018 – December 31, 2018)				
SOURCES OF INCOME Do not leave any sections blank. Write "0" if income type does not apply	Parent(s)		Student (and Spouse)	
	Actual 2018 year-to-date income (not monthly)	Expected total 2018 income	Actual 2018 year-to-date income (not monthly)	Expected total 2018 income
2018 income earned from work (includes earnings from wages, salaries, tips, business, and farm income). Include work-study earnings.	\$ _____ Father/Stepfather \$ _____ Mother/Stepmother	\$ _____ Father/Stepfather \$ _____ Mother/Stepmother	\$ _____ Student \$ _____ Spouse	\$ _____ Student \$ _____ Spouse
Interest and dividend income	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____	\$ _____	\$ _____
Net amount received of withdrawal from pensions or annuities (IRA, Keogh, etc.) – do not include rollovers	\$ _____	\$ _____	\$ _____	\$ _____
Capital gain and/or other gains	\$ _____	\$ _____	\$ _____	\$ _____
Cash received, or money paid on your behalf, not reported elsewhere on this form. Do not include cash received from a parent whose information is provided on this form			\$ _____	\$ _____
Alimony/maintenance	\$ _____	\$ _____	\$ _____	\$ _____
Other income, including rental income (list type): _____	\$ _____	\$ _____	\$ _____	\$ _____
Taxable social security benefits, including Supplemental Security Income. Include amounts received for yourself and your children	\$ _____	\$ _____	\$ _____	\$ _____
Combat pay – only the portion that will be taxed. Use the most current Leave Earnings Statement. Take total combat pay and subtract untaxed portion)	\$ _____	\$ _____	\$ _____	\$ _____
Veterans' non-education benefits *(see below)				
Child support RECEIVED for all children in 2018	\$ _____	\$ _____	\$ _____	\$ _____
Other untaxed income and benefits* (see below)	\$ _____	\$ _____	\$ _____	\$ _____
Child support you will PAY in 2018	\$(-) _____	\$(-) _____	\$(-) _____	\$(-) _____
Earnings from federal or state work-study programs	\$(-) _____	\$(-) _____	\$(-) _____	\$(-) _____
TOTAL EXPECTED 2018 INCOME	////////////////////	\$ _____	////////////////////	\$ _____

* Include 2018 payments to tax-deferred pension and savings plans (paid directly or withheld from earnings). Include untaxed portions of 401(k) and 403(b) plans; deductible IRA and/or Keogh payments; tax exempt interest income; foreign income; housing, food, and living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits); workers' compensation; veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC); any other untaxed income and benefits such as VA Educational Work-Study allowances, untaxed portions of Railroad Retirement Benefits, Black Lung Benefits, etc.
Do not include student aid; payments & services received for foster care or adoption assistance; per capita payments to Native Americans; heating/fuel assistance; flexible spending arrangements; welfare benefits; untaxed Social Security benefits; earned income credit; additional child tax credit; combat pay; foreign income exclusion and credit for federal tax on special fuels; Workforce Investment Act educational benefits or in-kind support. Examples of in-kind income would be food stamp program; WIC; food distribution program; National school Lunch & school breakfast programs; commodity supplemental food program (CSFP); special milk program for children; daycare provided by Social Services Block Grant Programs; WIA (formally JTPA) educational benefits; and rollover pensions.