

Great Plains Technology Center Professional Judgment Form

Professional Judgment is the ability to change a student's financial aid based on unusual circumstances. These circumstances may include a decrease in income, change in family size, loss of assets, unusual expenses, etc. This form is used to help our financial aid staff verify the changes that may affect the student/family's financial ability to pay for school. In order to make the changes necessary to a student's financial aid, documentation of the unusual circumstance must be submitted. Please be aware that the changes made, based upon the student's documentation, may or may not increase a student's financial aid eligibility.

Student Name (Last, First, M. I.). *Please Print* _____

Social Security Number _____

- Write a detailed description of your situation and attach it to this form. Your letter must fully explain each of the circumstances checked below. Verify amounts from January 1, 2019 until December 31, 2019. **If your statement is unclear, incomplete, or illegible your appeal will not be processed.**
- Please make sure your name and social security number is clearly marked on the top of all documents.
- **CIRCUMSTANCE AFFECTING YOUR FINANCIAL SITUATION** - Check below each circumstance that applies.

Adjustments to EFC (Expected Family Contribution) -for Parents, Student, Student's Spouse-
<input type="checkbox"/> Decrease in student/spouse income since 2018
<input type="checkbox"/> Significant decrease in parent(s) income since 2018
<input type="checkbox"/> Untaxed Income from Worksheet B
<input type="checkbox"/> Nursing home expenses paid by family
<input type="checkbox"/> Unusual medical expenses for family members (paid by family, 1040 Schedule A required)
<input type="checkbox"/> Payments to IRS for back taxes prior to 2018
<input type="checkbox"/> Divorce or separation from spouse, or death of spouse
<input type="checkbox"/> Parent in college - degree seeking
<input type="checkbox"/> Other: _____

Documents needed to review circumstance are checked and initialed by the FAA/FA:

- A copy of lay-off notice or termination letter from the employer and/or _____
- Year-to-date earnings (copy of last paycheck stub) or _____
- Verification of Untaxed Income _____
- Verification of Nursing home expenses paid by student or parent(s) (if dependent)
- A copy of Schedule A
- Verification of IRS payment made for 2018
- A copy of divorce decree or separation document filed with the county clerk's office
- Proof of separate residences for student's spouse
- A copy of the death certificate or a copy of an obituary verifying the student as the surviving spouse/child
- Verification of death benefits and insurance proceeds
- Proof from the parent's college-verifying enrollment
- Other items needed: _____

CERTIFICATION OF UNDERSTANDING: The information I submit in support of this appeal is true and complete to the best of my knowledge. I agree to give proof of all appeal information, which may include, but is not limited, to copies of federal income tax returns, court documents, real estate information, termination notices, year-to-date pay stubs, estimates for computer purchases, etc. Failure to comply could result in cancellation of financial aid disbursements, fines, and/or criminal action. I understand that approval of this request does not assure approval of a similar future request, and that any financial assistance offered is limited by the availability of funds in any given year.

I understand that the information I provided in past appeals may be reviewed for accuracy and this can impact the outcome of this appeal. Further, the accuracy of the information I submit in this appeal can affect the outcome of any future appeals I may submit.

Student's Signature (Required)

Date

Parent's Signature (Required, if dependent)

Date

Office Use	Comments _____
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	
_____ Financial Aid Assistance/ Administrator Signature	_____ Date