



Office of Financial Aid 2020-2021 Professional Judgement Form

Dear Student/Parent:

You have indicated a reduction in your family's income. In order to reevaluate your FAFSA using your family's with 2018 actual income or projected 2019 or 2020 income; please complete the attached form. Before beginning this process review your Student Aid Report at www.fafsa.ed.gov; if you already have a zero expected family contribution you will automatically be awarded full aid entitlement and will not need to complete this form.

We realize that many have been impacted by the global pandemic and financial crisis. If you have had a change in your family's income related to COVID-19 please review the box in Section B and submit the appropriate documents.

A Request for Professional Judgment may be filed if you have extenuating circumstances, which you believe warrant a reevaluation of your financial aid. Circumstances may include, but are not limited to:

- Loss or change of employment
- Loss or change in amount of child support, Social Security, or other benefits
- Death, Divorce or Separation of parents or spouse
- Unusual medical expenses (not covered by insurance)
- One-time taxable income used for life changing events (e.g. IRA, pension distribution, back-year Social Security payments)

Circumstances that are **NOT** considered as extenuating include, but are not limited to:

- Standard living expenses (e.g. utilities, credit card payments, children's allowances, etc.)
- Mortgage payments
- Car payments
- Credit card or other personal debts
- Vacation expenses
- All other discretionary expenses.

Please be candid in your explanation so that the committee can accurately assess your circumstances and determine if your appeal can be granted.

If you are interested in having HESAA review your income reduction for a change in your state grant funds be mindful that they make their own determination of eligibility for income reductions; and having one approved by Camden County College does not guarantee that it will be the same outcome with other agencies.

Appeals that are determined to have been submitted without sufficient documentation of the circumstances cited in the application will be denied. In the case of an insufficiently documented appeal, the student will be notified by letter of the denial and will be offered an opportunity to resubmit the appeal with appropriate documentation. Completing the appeal does not guaranty grant eligibility.

The Financial Aid Appeals Committee requires approximately thirty days to review complete applications and make a determination.

Sincerely,

The Financial Aid Appeals Committee

A: Student's Information:

Student's Last Name

Student's First Name

Student's M.I.

Student's ID #

Student's E-mail Address

Student's Phone Number

Cell Phone (if different)

Section B: Reason for Adjustment

Indicate by checking the reason you are requesting the adjustment in income. For your appeal to be considered you must complete all items listed in the documents required column for the reason you selected.

Reason for Adjustment	Check reason	Documents Required
Loss or Change in Employment		<ul style="list-style-type: none"> • There is a waiting period of 10 weeks from date of termination • Detailed letter explaining your circumstances • Copy of Tax Return or Transcript and W-2's for student and parents (if dependent) for applicable year • Letter from former employer(s) stating the last date of employment • Copy of unemployment compensation letter or signed statement that you did not or will not receive unemployment benefits • Copy of last paystub(s) from former employer(s) and current employer(s), if applicable.
<p>COVID-19 Related Job Loss or Change in Employment <i>Related to employment changes after March 13, 2020</i></p>		<ul style="list-style-type: none"> • Documentation listed above is required • Proof of job loss, change in employment, and furlough must include proof took place on or after March 13, 2020 • Letter from current employer(s) stating the last date of employment and return date • Letter from current employer(s) stating when hours will increase <p>*10 week waiting period has been waived for COVID-19 related job losses.</p>
Divorce or separation of parent or spouse		<ul style="list-style-type: none"> • Detailed letter explaining your circumstances • Copy of Tax Return or Transcript and W-2's for student and parents (if dependent) for applicable year • Copy of legal separation documentation, proof of separate households and addresses, or divorce decree
Death or Disability of parent or spouse		<ul style="list-style-type: none"> • Detailed letter explaining your circumstances • Copy of Tax Return or Transcript and W-2's for student and parents (if dependent) for applicable year • Copy of death certificate • Proof of disability

Non- reimbursed medical bills	<ul style="list-style-type: none"> • Detailed letter explaining your circumstances • Copy of Tax Return or Transcript and W-2's for student and parents (if dependent) for applicable year • Proof medical bills exceed 3% of AGI • If you didn't itemize, please submit proof of payment (e.g. cancelled checks, receipts, credit card statements)
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Section C: Determining

My financial circumstances have changed from 2018 and I am providing financial information based on my 2019 tax information or my current 2020 financial projection. **Please circle which year you are providing: 2019 or 2020**

Section D: Summary of Income

Complete the chart below with what you believe is the amount you are receiving in each applicable income category.

	Student	Spouse	Father	Mother	
Income Earned from Working	\$ _____	\$ _____	\$ _____	\$ _____	
Unemployment Compensation	\$ _____	\$ _____	\$ _____	\$ _____	
Severance Pay	\$ _____	\$ _____	\$ _____	\$ _____	
Pension and Annuities	\$ _____	\$ _____	\$ _____	\$ _____	Annuity
Income Received (do not include rollovers)					
Social Security Benefits	\$ _____	\$ _____	\$ _____	\$ _____	
Child Support	\$ _____	\$ _____	\$ _____	\$ _____	
Public Assistance/TANF	\$ _____	\$ _____	\$ _____	\$ _____	
Retirement/Disability	\$ _____	\$ _____	\$ _____	\$ _____	
Tax Exempt Interest Income	\$ _____	\$ _____	\$ _____	\$ _____	
Other Income and Benefits	\$ _____	\$ _____	\$ _____	\$ _____	
(Include benefits for all family members: financial support you received, Workman's Compensation, Black Lung Benefits, Veteran's Non educational Benefits, capital gains, interest, dividends, alimony, rents, royalties, business income, et cetera)					
TOTAL ANTICIPATED INCOME	\$ _____	\$ _____	\$ _____	\$ _____	

My signature below confirms that all of the information I am providing on this appeal application and in supporting documentation is true, accurate, and complete.

Student Signature

Parent or Spouse Signature

Date

