

2021-2022 Professional Judgment Request Form

212**2** PJ

Financial Aid Office 401 Thomas Run Road Bel Air, MD 21015 finaid@harford.edu

Note: All supporting documentation must be received prior to appeal being considered. Appointments will only be scheduled if additional information is needed.

Student's Name:	
	scribes the change in your financial situation. Please sign below and complete the e side outlining all dates. ATTACH ALL REQUIRED DOCUMENTATION. all documentation may be required.
Unusual medical and dental expens	es
dependent). Invoices are not • Personal letter of explanation	n detailing request for special conditions.
also projected during 2021	ition paid in 2019 by you (if independent) or your parent (if dependent) that is
	ayments and personal letter of explanation. yment that has reduced your income (if independent) or your parent's income (if since 2019
• Submit personal letter of expresignation/termination, une (if dependent) or student and	planation, 2019 and 2020 Federal Tax Return Transcripts, W-2s, dated letter of mployment compensation information and year-to-date pay stubs for both parents I spouse (if married) for 2021.
	dependent) or from spouse (if married)
• Submit personal letter of exp separation agreement.	planation, 2019 Federal Tax Return Transcript, W-2s, and copy of divorce or
Death of Parent (if dependent) or S	pouse (if married)
	planation, 2019 Federal Tax Return Transcript, W-2s, and copy of death
Disability of student, spouse (if mar	ried) or parent (if dependent).
• Submit personal letter of exp detailing length and type of o	planation, 2019 Federal Tax Return Transcript, W-2s and doctor's statement disability.
	inheritance, moving expense allowance, back-year Social Security payments, or
	planation, 2019 and 2020 Federal Tax Return Transcripts, W-2s and of income and how funds were spent or invested.
Loss of untaxed income of at least \$	<u>*</u>
	planation and documentation that the benefit has ceased.
and neglect). This is required even if the form Furthermore, according to Harford Communit must disclose instances of sexual harassment a Financial Aid Office staff, whether in-person concerns regarding this requirement, please co	re required to report suspected current and past abuse (including but not limited to child abuse er victim is an adult and/or the alleged abuser is deceased at the time of the disclosure. y College's Sexual Harassment and Discrimination Policy and Procedures, financial aid staff and discrimination to the College's Title IX Coordinator. If you disclose information to the or in writing, it may be subject to reporting by Harford Community College. If you have any ontact the Student Affairs office at studentaffairs@harford.edu or 443-412-2142. false or misleading information, you may be fined, sent to prison, or both.
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Student's Name		HID#	
	(please print)		
Personal Letter of Explar	nation: (please attach sepa	arate sheet if needed)	
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		TC TA CUBBART	VALID DEALIECT
BE SURE TO ATTAC	H ALL DUCUMEN.	IS IU SUPPURI	YOUR REQUEST.
CERTIFICATION:			
	false statements or misrer	presentations will result	in cancellation of my request. I understand
that if my request is approved			
All of the information on this	form is true and complete	to the best of my know	vledge. If asked by an authorized official,
	ormation that I have given		ize that if I do not give proof when asked,
Parent's Signature			Date
Parent's Signature	(if dependent student)		
			_
Student's Signature			Date