

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.

STUDENT'S NAME _____

STUDENT ID _____

REASONS FOR PROFESSIONAL JUDGMENT & SUPPORTING DOCUMENTATION

Select the option(s) that applies and submit corresponding documentation pertaining to your specific situation.

- My household's projected 2020 income is significantly lower my 2019 income** that I reported on the FAFSA. Household income for 2020 must be considerably different than the household's 2019 income. Small household income changes will not significantly impact the Estimated Family Contribution (EFC) on the FAFSA or fund eligibility, and may not receive consideration for a professional judgment.

Indicate which member(s) of the household has seen a decrease in income and by how much.

Select one option:	<input type="checkbox"/> Student	<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2	<input type="checkbox"/> Student's Spouse
The above person's income for 2019 was \$ _____. Their projected income for 2020 is: \$ _____.				
<i>Explanation:</i>				
Select one option:	<input type="checkbox"/> Student	<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2	<input type="checkbox"/> Student's Spouse
The above person's income for 2019 was \$ _____. Their projected income for 2020 is: \$ _____.				
<i>Explanation:</i>				
Select one option:	<input type="checkbox"/> Student	<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2	<input type="checkbox"/> Student's Spouse
The above person's income for 2019 was \$ _____. Their projected income for 2020 is: \$ _____.				
<i>Explanation:</i>				

Documentation required:

- 2019 and 2020 Tax Return Transcripts for each person indicated above (available at www.IRS.gov).

- Out-of-pocket medical expenses** – Uninsured medical, dental and vision expenses occurred in the family that will not be reimbursed by insurance or other funding.

- Total out-of-pocket expenses for 2019: \$ _____
- Total out-of-pocket expenses for 2020: \$ _____

Documentation required (one of the following required):

- A copy of schedule A if you included medical expenses in your itemized deductions on the 2019 and 2020 tax forms, or
- A signed summary of all medical expenses, including name of medical provider, type of expenses (surgery, doctor visits, pharmacy, etc.), amount not covered by insurance, and amount you paid in 2019 and/or 2020.

PROFESSIONAL JUDGMENT REQUEST FORM 2021-22

<p><input type="checkbox"/> Private school tuition expense – Private K-12 tuition expenses paid for any child in the family in the 2020 tax year.</p> <ul style="list-style-type: none">• Name of student(s): _____• Name of school(s): _____• Tuition paid in 2020: \$_____ (Do not include other fees – only tuition) <p>Documentation required:</p> <ul style="list-style-type: none">• Receipt (or letter) from the school(s) showing amounts paid for 2020.
<p><input type="checkbox"/> Parent enrolled in college at least half-time in a degree-seeking program – The parent must be enrolled for the current or previous academic year.</p> <ul style="list-style-type: none">• Name of parent(s) enrolled: _____• College/University name(s): _____• Status of parent enrollment: <input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Other: _____• Amount of tuition paid out-of-pocket: Current academic year \$_____ Previous academic year \$_____ <p>Documentation required:</p> <ul style="list-style-type: none">• Proof of registration from school(s), and• Bills or other statements from school(s) showing amount paid for tuition
<p><input type="checkbox"/> Traditional IRA converted to Roth IRA in 2019 – Amount converted in 2019: \$_____</p> <p>Documentation required:</p> <ul style="list-style-type: none">• Copy of 2019 tax forms, pages 1-2• Copy of 1099R or other financial document showing amount of the conversion
<p><input type="checkbox"/> One-time income source that inflates income – Includes funds that are not accessible, lump sum distributions from retirement plans that are not recurring, etc. Amount of inflated income in 2019: \$_____</p> <p>Documentation required:</p> <ul style="list-style-type: none">• A copy of Form 1099-R, if applicable• A copy of 2019 tax return, pages 1-2 and other applicable schedules related to the request• Explain the situation by writing a statement to attach to this form. Include detail of how the non-recurring income was spent or why it is not available to pay college expenses.
<p><input type="checkbox"/> Child support or Social Security benefits that have decreased or ended – For years 2019 and 2020</p> <p>Documentation required:</p> <ul style="list-style-type: none">• Legal documentation or notarized statement indicating the amount and date of change(s).• Explain the situation by typing a statement to attach to this form.
<p><input type="checkbox"/> Other extenuating circumstances for years 2019 and/or 2020</p> <p>Documentation required:</p> <ul style="list-style-type: none">• Explain the situation by typing a statement to attach to this form.• Any supporting documentation that verifies the financial ramifications mentioned in the letter.

Certification and Signature

I certify by signing this document that all of the information on this form is complete and true.

Warning: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

Student Signature (required) _____

Date _____

If parent's income changed:

Parent Signature _____

Date _____

Electronic Signatures Will Not Be Accepted