

2009/2010
SHAWNEE COMMUNITY COLLEGE
REQUEST FOR PROFESSIONAL JUDGMENT CONSIDERATION
Independent Student

NAME _____

SSN _____

INSTRUCTIONS

Complete both sides of this form after you have submitted a 2009/2010 Student Aid Report and after you have received your Student Aid Report (SAR). Do not leave any blanks in Section B. Sign and date this form after it has been completed and return it to the Financial Aid Services Office with the required documentation.

Section A

_____ You _____ or your spouse _____ worked in 2009, but are now unemployed or working on a reduced-hours basis during 2009.

Date unemployment/reduced hours began: _____

Name and address of 2008 employer: _____

Documentation: Proof of unemployment or reduced hours.

_____ You _____ or your spouse _____ received unemployment compensation, Social Security, or some other income or benefit in 2008 but have had that income or benefit terminated or reduced for 2009. Income/benefits could include, but are not limited to:

- Social Security benefits, including SSI
- Court-ordered child support
- Unemployment benefits
- Monthly public aid benefits
- Lump-sum pension distribution or compensation benefits

Date of income or benefit loss or reduction: _____

Income or benefit lost: _____

Documentation: Proof that benefits have been stopped or reduced.

_____ You and your spouse have separated and/or divorced.

Date of separation or divorce, whichever is earlier: _____

Documentation: Divorce decree or statement signed by you certifying to separation.

_____ Your spouse has died or become disabled during or after 2008.

Date your spouse died or became disabled: _____

Documentation: Death Certificate or Physician's Statement.

_____ You have paid medical bills and insurance premiums in 2008 out of your own pocket (or have a written agreement to pay such bills in 2009).

Documentation: Proof from health providers of amount you personally paid or a copy of an agreement to pay.

_____ You were a victim of a natural disaster in 2008 or 2009 that has reduced available assets or income upon which eligibility was based.

Documentation: Written description of disaster and resulting loss of income or assets.

_____ You are handicapped and have additional educational expenses because of your handicap that are not reimbursed by any agency.

Documentation: Receipts or projected billing for expenses.

_____ Other unusual circumstances (Please describe) _____

SECTION B

The student must complete ALL of the following information:

Number of family members in the household during the 2009/2010 school year _____

Number of family members in college at least half-time for at least one term during the 2009/2010 school year _____

Your expected income from wages or self-employed income in 2009 \$ _____

Your spouse's (if not separated or divorced) expected income from wages or self-employed income in 2009 \$ _____

You (and your spouse's, if not separated or divorced) expected other taxable income In 2009 (e.g. Unemployment, Social Security, Pension, Retirement Fund Withdrawal/ Disbursement, Interest/Dividend Income, etc.) \$ _____

Expected income tax to be paid in 2009 (If left blank, we will estimate for you) \$ _____

You (and your spouse's, if not separated or divorced) expected non-taxable income or benefits in 2009 \$ _____

Student Signature _____ **Date** _____

Spouse Signature _____ **Date** _____

To Be Completed By The Financial Aid Office

_____ *Approved*

_____ *Disapproved*

Signature

Date

Comments:
