

2022-2023 REQUEST FOR PROFESSIONAL JUDGMENT CONSIDERATION <u>Dependent Student</u>

| Name | ID (required) | | |
|---------------|---|--|--|
| Phone | ne Email | | |
| Student Aid F | DNS th sides of this form <u>after</u> you have submitted a 2022-2023 Student Aid Report and <u>after</u> you have received your Report (SAR). <u>Do not leave any blanks in Section B</u> . Sign and date this form after it has been completed and e Financial Aid Services Office with the required documentation. | | |
| Section A | | | |
| | You or a parent worked in 2020, but are now unemployed or working on a reduced-hours basis during 2022. | | |
| | Date unemployment/reduced hours began: | | |
| | Name and address of 2021 employer: | | |
| | <u>Documentation</u> : Proof of unemployment or reduced hours 2020 tax forms 2020 W-2s and/or 1099s 2021 tax forms 2021 W-2s and/or 1099s 2022 last check stub(s) | | |
| | You or a parent received unemployment compensation, Social Security, or some other income or benefit in 2021 but have had that income or benefit terminated or reduced for 2022. 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 (Submit 1099) | | |
| | Date of income or benefit loss or reduction: | | |
| | Income or benefit lost: | | |
| | Documentation: Proof that benefits have been stopped or reduced. | | |
| | You have already applied for financial aid for 2022-2023 and since that time your parents have separated and/or divorced. | | |
| | Date of separation or divorce, whichever is earlier: | | |
| | Documentation: Divorce decree or notarized statement signed by a parent and notary certifying separation. | | |
| | A parent has died or become disabled during or after 2021. | | |
| | Date your parent died or became disabled: | | |
| | Documentation: Death Certificate or Physician's Statement. | | |
| | Your family has paid medical bills and insurance premiums in 2021 or 2022 out of their own pocket. | | |

| Comments: | | | |
|---|--|--|--|
| Sign | nature | Date | |
| To B | Be Completed by The Financial | | |
| Student Signature_ | | Date | |
| Parent Signature | Date | | |
| Student's expected non-taxable | | \$ | |
| Student's expected income tax to be paid in 2022 (If left blank, we will estimate for you) \$ | | | |
| Student's expected other taxable | \$ | | |
| Student's expected income from work in 2022 \$ | | | |
| Parents expected non-taxable in | \$ | | |
| Parents expected income tax to | s | | |
| Parents expected other taxable Pension, Retirement Fund With | | | |
| Mother's expected income from | \$ | | |
| Father's expected income from | \$ | | |
| Number of family members (not at least one term during the 202 | including parents) in college at least half-time for 22-2023 school year | | |
| Number of family members in th | | | |
| The student must complete ALL | of the following information: | | |
| SECTION B | | | |
| | | | |
| | | | |
| | circumstances (Please describe) | | |
| | : Receipts or projected billing for expenses. | | |
| | it, are handicapped and have additional educational ε sed by any agency. | expenses because of your handicap that | |
| Documentation | Documentation: Written description of disaster and resulting loss of income or assets. | | |
| | e victims of a natural disaster in 2021 or 2022 that hailibility was based. | as reduced available assets or income | |
| <u>Documentation</u> | Proof from health providers of amount you person pay. | ally paid or a copy of an agreement to | |