

2023-2024 REQUEST FOR PROFESSIONAL JUDGMENT CONSIDERATION Independent Student

Name	Ļ
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ID (required)_____ Email Phone

INSTRUCTIONS

Complete both sides of this form after you have submitted a 2023-2024 FAFSA 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 2021, but are now unemployed or working on a reduced-hours basis during 2023.

Date unemployment/reduced hours began: _____

Name and address of 2022 employer: _____

Documentation: Proof of unemployment or reduced hours 2021 tax forms 2021 W-2s and/or 1099s 2022 tax forms 2022 W-2s and/or 1099s 2023 last check stub(s)

You _____ or your spouse _____ received unemployment compensation, Social Security, or some other income or benefit in 2021 but have had that income or benefit terminated or reduced for 2023. 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 and your spouse have separated and/or divorced.

Date of separation or divorce, whichever is earlier:

Documentation: Divorce decree or notarized statement signed by you and a notary certifying separation.

Your spouse has died or become disabled during or after 2022.

Date your spouse died or became disabled: _____

Documentation: Death Certificate or Physician's Statement.

You have paid medical bills and insurance premiums in 2022 or 2023 out of your own pocket.

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 2022 or 2023 that has reduced available assets or income 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 a reimbursed by any agency.						
Documentation:	Receipts or projected billing for expenses.					
 Other unusual cir	cumstances (Please describe)					

SECTION B

The student must complete ALL of the following information:

Student Signature D	Date
You (and your spouse's, if not separated or divorced) expected non-taxable income or benefits in 2022	\$
Expected income tax to be paid in 2022 (If left blank, we will estimate for you)	\$
You (and your spouse's, if not separated or divorced) expected other taxable income In 2022 (e.g. Unemployment, Social Security, Pension, Retirement Fund Withdrawal Disbursement, Interest/Dividend Income, etc.)	
Your spouse's (if not separated or divorced) expected income from wages or self-employed income in 2022	\$
Your expected income from wages or self-employed income in 2022	\$
Number of family members in college at least half-time for at least one term during the 2023-2024 school year	
Number of family members in the household during the 2023-2024 school year	

Spouse Signature_____

	To Be Completed by The Financial Aid Office			
	Approved		Disapproved	
	Signature		Date	
Comments:				

Date____