

2014-2015

Professional Judgment Request

Name: _____ ID#: _____

Phone # _____ E-mail: _____

This form should be used to explain changes in your family situation, or to explain special situations that are not captured in the FAFSA (Free Application for Federal Student Aid) form that you have previously submitted for this year. Sec. 479A of the Higher Education Act of 1965, as amended, authorizes the Director of Financial Aid to use professional judgment, on a case-by-case basis for students with **“special circumstances”** that affect a family’s ability to pay for a college education.

Examples of special circumstances include: a reduction in income or benefits, unusually high medical and dental expenses paid out of pocket, dislocated worker status, or unusual circumstances not covered in the FAFSA.

Examples of ineligible circumstances include: car payments, credit card debt, medical insurance premiums, mortgages, or rent, Chapter 7 personal bankruptcy, home equity loans, parents not helping with college costs. We cannot make adjustments for these circumstances.

The Director of Financial Aid is expected and required to make reasonable decisions that support the intent of the provision. The school is held accountable for all professional judgment decisions made and for fully documenting each decision. The decision of the Director of Financial Aid is final; there is no appeal process to the U.S. Department of Education.

Please note this form does not guarantee that your request will be approved, or that you will be eligible for additional aid. In many cases professional judgment adjustments made to the FAFSA do not result in significant changes to the Expected Family Contribution (EFC) and, therefore, do not change a student’s financial aid package.

- Have you completed the 2014-2015 FAFSA?**
- Yes, then you can complete this form
- No, then you **must** file the FAFSA (www.fafsa.ed.gov) before we can consider a professional judgment request.

To avoid processing delays, please ensure all required documents are submitted with this request. (Next Page)

Reviewer Notes: _____ Verification: Yes _____ No _____ Verification Complete: Yes _____ N/A _____

Approved: Yes _____ No _____ No Follow Up _____ Current EFC: _____ New EFC: _____

Reviewer Initials: _____ Date: _____

Student Name: _____

FVTC Student ID# _____

To Ensure Consideration of Your Request

1. Please read the entire form prior to completion.
2. Submit the required documentation listed below:
 1. **Professional Judgment Appeal Form**—Submit this document with all appropriate signatures.

AND

 2. **Appeal Letter**—Provide a typed, self-written letter detailing your special circumstances. This letter should include dates and specifics of the situation that caused you to complete this professional judgment request.
3. Review the following pages and place a check mark beside all situations that may apply. Submit required documentation for each situation that has been checked. **Please include student’s name and FVTC ID at the top, right corner of each documentation page submitted.**
4. Complete the “Estimates of current year income from all sources with documentation January 1, 2014 to December 31, 2014” worksheet at the bottom of Page 4. These estimates are required and will help to provide us with a more complete view of your financial situation and ensure that your request is completed in a timely manner.
5. Once the Professional Judgment Review Form has been reviewed, additional information may be requested.
6. You will receive a revised Student Aid Report (SAR) if we are able to make a change, OR you will be notified via email if we are unable to process a change. Please allow up to 4 weeks for processing.

Certification Statement: I certify that the information provided on this form and accompanying documentation is true and correct. If I purposely give false or misleading information, I may be fined \$10,000, sent to prison or both. I understand that underestimating projected income, or giving false or misleading information, could result in reduced eligibility, repayment of aid, or both, in the current or next academic year. I agree to give proof of all appeal information as indicated above. I understand that approval of this request does not assure approval of a similar future request and that any financial assistance offered is limited by the availability of funds in any given year. I further understand that I am required to notify the Financial Aid Office if I receive additional income or resources. **I understand that the information provided in past appeals may be reviewed for accuracy and this can impact the outcome of this appeal. Further, the accuracy of the information I submit in this appeal can affect the outcome of any future appeals I may submit.**

The FVTC Financial Aid Office can discuss the FAFSA and items related to financial aid with the parent who signs below. However, any information requested by the parent in regards to the student’s educational record requires a Consent for the Release of Records form to be on file for the student. This form can be found at www.fvtc.edu/fvtcforms.

Student Signature (Required) _____ Date _____

Parent Signature (Required for Dependent Students Only) _____ Date _____

Spouse Signature (Required if Married) _____ Date _____

Student Name: _____

FVTC Student ID# _____

Select the boxes that apply and submit all required documentation listed below each box checked.

1. **Unemployment / Loss of Job:** Changes in employment must have occurred *prior* to the submission of this form.

a.	Name of person experiencing job loss:	_____
b.	Relationship to student (mother, father, spouse, etc.):	_____
c.	Signed letter from employer on company letterhead verifying separation from employment. The letter must include the date of hire and date of separation.	
d.	Year-to-date pay stub or last pay stub from previous employer	
e.	Most recent Unemployment Benefits Statement showing weekly benefit amount received	
f.	Spouse's Year-to-date pay stub(s) if married and spouse is employed	

2. **Change in employment / reduction in hours worked:** Changes in employment must have occurred *prior* to the submission of this form.

a.	Name of person experiencing job loss:	_____
b.	Relationship to student (mother, father, spouse, etc.):	_____
c.	Signed letter from employer on company letterhead explaining the average number of hours worked and hourly rate of pay.	
d.	Two most recent pay stubs from employer	

3. **Disability:** If a family member has experienced a recent disability, please complete the following:

a.	Name of person experiencing disability:	_____
b.	Relationship to student (mother, father, spouse, etc.):	_____
c.	Submit documentation from physician or insurance agency verifying circumstances/extent of disability.	
d.	Include in your written statement as to how this has affected the family financially.	

4. **Death of a Family Member:** Submit the following required documentation for loss of family member:

a.	Name of family member:	_____
b.	Please indicate the relationship of family member to student	_____
c.	Submit a copy of the death certificate.	

5. **Divorce or Separation:** Submit the following required documentation for divorce or separation status:

a.	Copy of divorce decree, or documentation indicating separate residences (utility bills, etc.)
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6. **Elementary or Secondary Private School Costs:** Please complete the following

a.	Name of sibling in private school:	_____
b.	Amount of tuition paid in 2013:	_____
c.	Receipts of tuition paid for 2013-2014 for the family member in private school.	

Student Name: _____

FVTC Student ID# _____

7. **Medical / Dental Expenses:** Please complete if you or your parents paid unusually large out-of-pocket medical or dental expenses in 2013 not covered by insurance and/or not itemized on your or your parents' 2013 taxes.

- a. Written explanation of the expenses, along with paid receipts of medical/dental payments.
- b. Copy of Schedule A if you itemized deductions on your federal income tax return.

8. **Lump Sum Distribution / Non-recurring Income Inflates Adjusted Gross Income (401K, IRA, etc.):**

- a. Itemized statement of how that income was spent. If funds were used to pay off debt, provide proof of payment from lender(s).
- b. Copy of 1099-R (if available).

9. **Other Special Circumstances**

- a. If you do not meet one of the conditions noted above, then please include the circumstances in your detailed letter and attach supporting documentation explaining the special circumstances that you, your spouse, or parents have experienced that could be considered for a professional judgment.

Final Step / Required Information:

**Estimates of current year income from all sources with documentation
January 1, 2014 to December 31, 2014**

These estimates are **required** and will help to provide us with a more complete view of your financial situation and ensure that your request is completed in a timely manner.

Student Income

Taxable Income for 2014	\$
Student's wages	
Spouse's wages	
Business, farm or rental income	
Dividends, interest or capital gain	
Unemployment Compensation	
TOTAL	

Other Income for 2014	\$
SSI for self/spouse/dependents	
Child Support Paid	
Child Support Received	
IRA/Keogh contributions	
Other untaxed income	
Other Income	
TOTAL	

Parental Income (If applicable)

Taxable Income for 2014	\$
Father's/Step Father's wages	
Mother's/Step Mother's wages	
Business, farm or rental income	
Dividends, interest or capital gain	
Unemployment Compensation	
TOTAL	

Other Income for 2014	\$
SSI for self/spouse/dependents	
Child Support Paid	
Child Support Received	
IRA/Keogh contributions	
Other untaxed income	
Other Income	
TOTAL	

Please review Page 2 to ensure all required documentation is submitted with your request.