Concord University Office of Financial Aid
2019-2020 Professional Judgment Appeal

Student Name: __________________________________  Student ID# ___________________

Parent(s) Name: __________________________________

Concord University recognizes that families experience special circumstances which merit recalculation of their financial aid eligibility based on this year’s information, rather than 2017 income information. Please be advised that all professional judgment appeal decisions are final.

Please check [✓] the box beside the circumstances that apply to your situation and submit the necessary paperwork.

[ ] Separation from employment due to layoff, termination, or disability
  • Letter from employer on company letterhead including last date of employment
  • Unemployment benefits determination document
  • Documentation of year-to-date income (last pay stub, severance pay, SSI benefits, etc.)

[ ] Excessive non-reimbursed medical and/or dental expenses
  • Documentation of non-reimbursed medical and/or dental expenses
  • Canceled checks verifying payments made in 2018.
  • Copy of Schedule A from previous year’s Federal Income Tax Return.

[ ] Loss or reduction of untaxed income source (disability benefits, welfare benefits, child support, etc.)
  • Copy of notification of benefits reduction/termination, including the effective date
  • Documentation of 2019 expected benefits
  • Documentation of 2019 year-to-date income (taxable and non-taxable)

[ ] Separation or Divorce which occurred after completing FAFSA
  • Copy of court order, final divorce decree or legal separation agreement
  • W-2s for year 2017.
  • Documentation of 2019 year-to-date income

[ ] Death of a parent (or spouse) which occurred after completing FAFSA
  • Copy of death certificate
  • Documentation of 2019 year-to-date income (taxable and non-taxable)

[ ] Other unusual circumstances
  • Supporting documentation as requested by the Office of Financial Aid

*REQUIRED
HOUSSEL SIZE (Number of people supported by household income)    ______
NUMBER IN COLLEGE     ______
Statement of Projected 2019 Income:

This section asks about income and benefits that you and your family expect to receive between January 1, 2019 and now.

<table>
<thead>
<tr>
<th>Taxable Income</th>
<th>Income earned from Jan 1, 2019 until now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father’s earnings</td>
<td>$</td>
</tr>
<tr>
<td>Mother’s earnings</td>
<td>$</td>
</tr>
<tr>
<td>Student’s earnings</td>
<td>$</td>
</tr>
<tr>
<td>Spouse’s earnings</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Untaxed Income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment Compensation Received</td>
<td>$</td>
</tr>
<tr>
<td>Social Security Benefits</td>
<td>$</td>
</tr>
<tr>
<td>Child Support Received</td>
<td>$</td>
</tr>
<tr>
<td>Public Assistance</td>
<td>$</td>
</tr>
<tr>
<td>Other Untaxed Income (workman’s compensation, Veteran’s benefits, cash support, etc.)</td>
<td>$</td>
</tr>
</tbody>
</table>

By signing this document I/we certify that the information provided is complete and accurate to the best of my/our knowledge. I/we agree to provide more detailed documentation if required.

___________________________________  _________________________________________
Student’s Signature                               Date                                                                                       Spouse’s Signature                        Date

_______________________________________
Parent’s Signature (if dependent student)   Date