

Concord University Office of Financial Aid

2016-2017 Professional Judgment Appeal

Student Name: _____

SS#: _____ - _____ - _____

Sometimes families experience special circumstances which merit recalculation of their financial aid eligibility based on this year's information, rather than the federally required previous year's information. This form is designed to document those situations for review by the Office of Financial Aid. Please be advised that all professional judgment appeal decisions are **final**.

Instructions:

To request a review of your extenuating financial circumstances:

1. Complete the FAFSA application.
2. Complete and submit this *Professional Judgment Appeal Form* to the Financial Aid Office.
3. Complete and submit 2016-2017 *Dependent Student Verification Worksheet* if you are a dependent student.
4. Complete and submit the 2016-2017 *Independent Student Verification Worksheet* if you are an independent student.
5. Link your parent(s)' taxes on your FAFSA or order (free) a tax return transcript -- **Dependent Student**.
6. Link your taxes, if married your spouse's taxes, on your FAFSA or order (free) a tax return transcript – **Independent Student**.
7. Submit the required documents in support of your appeal as listed below.

Circumstances:

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 for at least 10 weeks in 2016.**
* Letter from employer on company's 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 **2015**.
* 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.) in 2016**
* Copy of notification of benefits reduction/termination, including the effective date
* Documentation of 2016 expected benefits
* Documentation of 2016 year-to-date income (taxable and non-taxable)
- [] **Separation or Divorce which occurred after applying for financial aid**
* Copy of court order, final divorce decree or legal separation agreement
- [] **Death of a parent (or spouse) which occurred after applying for financial aid**
* Copy of death certificate
- [] **Other Unusual Circumstances**
* A signed, dated letter explaining the situation
* Any additional documentation you want the Financial Aid Administrator to take into consideration

continued on reverse

Statement of Projected 2016 Income (annual amounts only):

This section asks about income and benefits that you and your family expect to receive between January 1, 2016 and December 31, 2016. **Please note if a question does not apply to you or if you do not expect any income from that source, write in "0".** Provide your best estimate for the remainder of the year.

Taxable Income	Income Earned from Jan 1, 2016 until now	Total Projected Income for the entire 2016 year
Father's earnings	\$	\$
Mother's earnings	\$	\$
Student's earnings	\$	\$
Spouse's earnings	\$	\$
Untaxed Income		
Social Security Benefits	\$	\$
Child Support Received	\$	\$
Public Assistance	\$	\$
Other Untaxed Income (workman's compensation, Veterans Administration non-educational benefits, cash support, etc.)	\$	\$

Certification:

I/we certify that the information provided on this form is complete and accurate to the best of my/our knowledge. I/we agree to provide more detailed documentation if required. If additional changes occur during the 2016-2017 academic year that would alter the information provided on this form, I/we will immediately contact the Office of Financial Aid at Concord University.

I / We understand that failure to provide the required documentation will result in denial of this appeal.

Student's signature

Date

Spouse's Signature (if married)

Date

Parent's Signature

Date