



PROFESSIONAL JUDGEMENT WORKSHEET 2009-2010

Student's Name _____ SSN: _____ - _____ - _____
Address _____ City _____ State _____ ZIP _____
Phone _____ Campus _____

Some of the information used to determine my eligibility for financial aid for 2009/2010 has changed, is no longer relevant, or there are extenuating circumstances that I would like the college to take into consideration in possibly reexamining my eligibility for aid.

I have checked the condition(s) that apply to me. I understand that I must provide documentation to support my request for a re-examination of my financial aid eligibility. I understand that completing this form and providing the documentation does not guarantee an increase in my financial aid.

CERTIFICATION

All of the information provided on this request is true and complete to the best of my knowledge. If asked by the Financial Aid Department of Riverland Community College, I agree to provide proof of information provided on this worksheet. I understand that any false statement or misrepresentation may result in further financial aid being denied and that repayment of current assistance may result. In addition, I understand that current year income estimation errors may result in the denial of future special circumstances requests.

Student's Signature _____ Date _____

Spouse's Signature _____ Date _____

Parent's Signature _____ Date _____

FOR OFFICE USE ONLY

Date received _____ Reviewed by _____

Recommended Action: Conditions accepted; revise ISIR to recalculate EFC Conditions rejected

Original EFC: _____ Original AGI: \$ _____ Other element adjusted: _____

Original Tax: \$ _____ \$ _____

Revised EFC: _____ Revised AGI: \$ _____ Other element adjusted: _____

Revised Tax: \$ _____ \$ _____

CONDITIONS: Check all that apply and complete the appropriate sections

_____ **A. INCOME REDUCTION OR LOSS (please check appropriate item)**

_____ Change/ loss of employment/ unemployment (section 1)

_____ Nonrecurring income or benefit (section 2)

*COMPLETE section corresponding in section A **and Section F** and return to the Financial Aid Office.

_____ **B. CHANGE IN FAMILY SIZE**

_____ Extended family or non-family support

*COMPLETE section B **and Section F** and return to the Financial Aid Office.

_____ **C. UNUSUAL MEDICAL/DENTAL EXPENSES**

Our family has experienced excessive medical or dental expenses in 2008 or 2009 that were not covered by insurance.

*COMPLETE Sections C **and F** and return to the Financial Aid Office.

_____ **D. ELEMENTARY/SECONDARY TUITION EXPENSES**

Our family paid tuition for elementary or secondary tuition for 2009.

*COMPLETE Sections D **and F** and return to the Financial Aid Office.

_____ **E. DIVORCE, SEPARATION, DEATH OF SPOUSE OR PARENT**

After completing the FAFSA our family experienced a divorce, separation or death of a spouse/parent.

*COMPLETE Sections E **and F** and return to the Financial Aid Office.

Section A: Income Reduction or Loss

Section 1 ~ Change/loss of employment/unemployment

- A student, parent or spouse who earned money in 2008 has lost employment for at least 10 weeks in 2009.
- A student, parent or spouse who earned money in 2008 has not been able to earn money in the same way or amount for at least 10 weeks.

Who lost/changed employment? (please circle) Student ~ Parent ~ Spouse

Please list the beginning and ending date if known _____ through _____

Data verification: Completed 2008 Federal Income Tax return and 2008 W-2s for student and parent if parent's information was used when originally filing the FAFSA.

Section 2 ~ Nonrecurring income or benefit

- A student, parent or spouse received an income or benefit in 2008 but has completely lost that income or benefit for at least 10 weeks in 2009.

Who lost income or benefit? (Please circle) Student ~ Parent ~ Spouse

Type of income or benefit: _____

Estimated amount to receive in 2009: Student: \$ _____

Parent: \$ _____

Spouse: \$ _____

Data verification: Documentation of amount of benefit received in 2008 that will not be received in 2009.

SECTION B: Change in Family Size

Extended Family Support

- Your family contributes financial support to persons who are unable to adequately support themselves at a moderate standard of living. Examples include parents in nursing care facilities and adult children who are unemployed.

Name of supported person/relative _____

Relationship to you _____

Month/year support began _____

Month/year support will end _____

Amount of support you pay per month _____

Reason you are paying support _____

Data verification: Receipts, billing statement, etc. Please provide detail of the extenuating circumstances, supporting documentation relating to the circumstances, and the fact and figures to support your situation.

SECTION C: Unusual Medical and Dental Expenses

- Your family has experienced excessive medical or dental bills during 2008 or 2009.

1. How much did you pay for your medical/dental expenses not covered by insurance in 2008? _____

2. How much did you pay for your medical/dental expenses not covered by insurance in 2009? _____

Data verification: Receipts of medical or dental payments showing actual payments made for the year.

SECTION D: Elementary and Secondary Education Expenses

- Your family pays tuition for elementary, middle school or high school student for the 2009-2010 school years.

List family members and the amount of relevant support provided for each in 2009/2010:

Name	Age	Relationship	Paid To	Total Annual Expense

Data verification: Signed receipts for tuition payments, itemized statements of expenses.

2009- 2010 INCOME WORKSHEET

Student's Name: _____ Soc Sec #: _____

Name of Person this form is based on _____ Relationship _____

If your income is, or will be, less in 2009 than it was in 2008, complete the following statement:

Reason for reduction in income for 2008 is: Retired, Laid off, Illness, Parent Attends College,
 Income Reduction, other: _____

Last day worked (if applicable): _____

Complete every item even if the answer is \$0. If the dates have passed, use the actual income information. For upcoming months, use estimated income amounts. You must estimate the remainder of the year based on what you know today.

My estimated income for 2009 is calculated as follows:

	Income from Work	Income from unemployment benefits	*Other Income Source: _____	*Other Income Source: _____	*Examples of other income include: Child Support, Social Security Benefits, Retirement benefits or pensions, MFIP, or investments.
January	\$ _____	\$ _____	\$ _____	\$ _____	
February	\$ _____	\$ _____	\$ _____	\$ _____	
March	\$ _____	\$ _____	\$ _____	\$ _____	
April	\$ _____	\$ _____	\$ _____	\$ _____	
May	\$ _____	\$ _____	\$ _____	\$ _____	
June	\$ _____	\$ _____	\$ _____	\$ _____	
July	\$ _____	\$ _____	\$ _____	\$ _____	
August	\$ _____	\$ _____	\$ _____	\$ _____	
Sept	\$ _____	\$ _____	\$ _____	\$ _____	
October	\$ _____	\$ _____	\$ _____	\$ _____	
November	\$ _____	\$ _____	\$ _____	\$ _____	
December	\$ _____	\$ _____	\$ _____	\$ _____	
Totals	\$ _____ +	\$ _____ +	\$ _____ +	\$ _____ =	\$ _____

Explanation (if any) _____

**** You must provide documentation of the incomes listed above** (i.e. check stub showing year to date earnings; benefit statements from unemployment, social security, MFIP or JTPA; etc.)

Riverland is asking you to provide information that includes private and/or confidential information under state and federal law. Riverland is asking for this information in order to process this form.

You are not legally required to provide the information we are requesting; however, the college may not be able to effectively process this form without it.

