

## 2024-2025 Application for Professional Judgment- Dependent Student

According to federal laws and regulations, a family's 2022 income is used to assess financial need for the 2024-2025 school year. If a family's 2023 or 2024 income is lower, due to special circumstances, a financial aid administrator may be able to use 2023 or 2024 income to assess financial need. Note: Your professional judgment application will be returned if all requested information outlined is not provided. Special circumstances, if accepted, may result in an increase in need-based loans, student employment, or in certain cases, additional grant assistance. Turnaround time for professional judgment appeals is 2-4 weeks.

STUDENT INFORMATION							
Last Name		First Name		M	1.I.	Student ID #	
Permanent Street Address			City	St	tate	Zip Code	
Phone Number	E-mail Address						
SECTION 1: CHANGE IN HOUSEHOL submitted.	D SIZE tha	t occurred	after filling your FAFS	A. All listed d	locume	nts must be	
DEATH OF PARENT/GUARDIAN							
Attach an IRS Tax Return Transcrip parents, if not already provided.	t of your Par	rents' 2022	Federal Income Tax Retu	ırn, including V	W-2 sta	tements for both	
Please provide a written statement in	ndicating yo	ur parent's	name and date of death.				
DIVORCE OR SEPARATION OF PARE	ENTS						
Attach an IRS Tax Return Transcript of your Parents' 2022 Federal Income Tax Return, <b>including</b> W-2 statements for both parents, if not already provided.							
Attach a copy of the divorce decree	or proof of s	eparation (	e.g., court order, statemen	t from attorne	y or cle	ergy).	
SECTION 2: EDUCATIONAL EXPENSES All listed documents must be submitted.							
PRIVATE TUITION EXPENSES AT EL	EMENTAI	RY OR SE	CONDARY SCHOOL				
Attach a copy of the 2022 or 2023 tu attending private elementary or seco 2024-2025).							
If your parents are divorced or separ elementary or secondary school(s), p					the priva	ate tuition at the	
PARENT ATTENDING COLLEGE IN 2 College costs can only be taken into consider certificate.		parent is e	nrolled at least half-time a	and in a progra	am that	leads to a degree or	
Provide name of college parent (will	l) attend(s)						
Provide proof of registration/admiss	Provide proof of registration/admission from the college parent (will) attend(s).						
Attach a tuition fee statement or a co	Attach a tuition fee statement or a cost worksheet outlining the tuition/fees parent will be assessed in 2024-2025.						
Indicate the amount your parent's er	nployer will	provide to	wards their college costs f	for the 2024-20	025 sch	nool year.	
If your parent is applying for finance partnership training act, veteran's be							

## SECTION 3: MEDICAL/DENTAL/DEPENDENT CARE EXPENSES not reimbursed or covered by insurance

Provide receipts itemizing 2023 or 2024 out-of-pocket medical, dental, or dependent care expenses you paid (not reimbursed by insurance or by employer's pre-tax cafeteria plan) for health/dental insurance premiums, doctor, hospital, medication, dependent care, nursing home expenses, etc. Please total all expenses after they are detailed.

Attach an IRS Tax Return Transcript of parents' 2022 Federal Income Tax Return, including Schedule A if you itemized deductions, if not already provided.

SECTION 4: CHANGE IN INCOME All listed documents must be s	submitted.							
I want adjustments to be made based on income for202.		2024						
<u>2023</u> : If there is a change in income for <b>2023</b> due to Disability of Parent/Student; Unemployment of Parent/Student, a Business or Farm Bankruptcy, Foreclosure or Natural Disaster; or a Reduction in Earnings or Loss of Other Income: <b>submit a written statement outlining the circumstances why you want adjustments made and submit copies of the 2023 Tax Return AND W2's.</b>								
<u>2024</u> : If there is a change in income for <b>2024</b> due to Disability of Parent/Student; Unemployment of Parent/Student, a Business or Farm Bankruptcy, Foreclosure or Natural Disaster; or a Reduction in Earnings or Loss of Other Income: <b>submit a written statement outlining the circumstances why you want adjustments made; <b>complete the Income Source Table below; and submit copies of all income to date for 2024.</b></b>								
** If you are using an estimated income for 2024, adjustments will not begin being made until after July 1, 2024.								
INCOME SOURCE TABLE	Actual:	Estimated:	Total:					
January 1, 2024 through December 31, 2024	1/1/24 to Today's Date	Today's Date to 12/31/24	Actual plus Estimated					
Mother's <b>gross</b> earnings from work (wages, salary, tips, etc.) *								
Father's <b>gross</b> earnings from work (wages, salary, tips, etc.) *								
Student's <b>gross</b> earnings from work (wages, salary, tips, etc.) *								
Business/Farm Income								
Interest/Dividend Income. Specify source and value:  \$								
Unemployment Compensation								
Severance Pay								
Capital Gains								
Spousal Maintenance								
Child Support Paid Received (Circle Appropriate Option)								
Taxable Social Security Benefits								
Worker's Compensation								
Withdrawal from retirement account								
Other Income (pension, annuity, rental income, housing allowance, bonuses, etc.								
SECTION 5: Sign this Worksheet								
By signing this worksheet, I certify that all the information reported on this form is complete and correct.  WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.								
Student Signature		Date						
Parent Signature	Date							