

2019-2020 Professional Judgment Request

The Office of Financial Aid recognizes that students and their families may have extenuating financial circumstances that the Free Application for Federal Student Aid (FAFSA) information does not reflect. Professional Judgment Requests will be evaluated on a case by case basis using 2017 base year income information. Submission of this request does not guarantee a favorable change in your financial aid eligibility or award(s).

If you are interested in having HESAA review your income reduction for a change in your state grant funds be mindful that they make their own determination of eligibility for income reductions, and having one approved by RCBC does not guarantee the same outcome with other agencies.

Student Name _____ **RCBC ID#** _____

Phone _____ **Email Address** _____

Name of Person/Persons Who Had a Change of Circumstances: _____

Documentation Required for Professional Judgment:

- 2019-2020 Standard Verification Worksheet
- 2017 Tax Return Transcript and W-2s
- 2019-2020 Professional Judgment Request Form (filled out completely)
- 2018 Tax Return Transcript and W-2s
- Personal statement, signed and dated, explaining the change in family income and circumstances.

Instructions: Check the box next to the type of income reduction appeal you are submitting. Answer each of the questions for the particular appeal and submit the required documentation. *If you are a dependent student, at least one of your parents must sign and date the required personal statement.* Please write the RCBC student ID # on every page of your appeal package.

Unemployment/Change in Employment:

Name of Unemployed Person: _____

Has this person returned to work? No Yes, Date: _____

Were any retirement funds withdrawn as a result of this situation? No Yes – include information in your personal statement (were they rolled over, spent on household expenses? Is this income nonrecurring or will you continue to receive income going forward?)

Required Documents:

- ✓ Copy of employment termination letter, if one was provided
- ✓ Copy of unemployment benefit determination letter
- ✓ Copy of last paystub(s) including year-to-date earnings from former employer(s)

Divorce or Separation after the FAFSA was filed:

Date of Divorce or Separation: _____

Monthly Amount of Support: _____ Date Payments Began: _____

Will the number in household reported on your FAFSA change? How many people will your custodial parent continue to support by providing at least 50% or more of their expenses? _____

Required Documents:

- ✓ Photocopy of divorce or separation agreement. If no legal agreement exists, submit proof of separate residences (leases or mortgage statements, utility bills, and driver's licenses)

Death of Parent/Spouse after the FAFSA was filed:

Name of Deceased: _____

Relationship to the Student: _____

Required Documents:

- ✓ Photocopy of Death Certificate
- ✓ Termination of any benefits as a result of person's death
- ✓ Proof of monthly Social Security benefits, if applicable

Unusually High Medical Expenses Paid, Not Covered by Insurance:

Total Medical/Dental Expenses Paid: \$ _____

Amount Insurance or MSA Reimbursed: \$ _____

Total Medical/Dental Premiums: \$ _____ paid monthly for _____ months.

Required Documents:

- ✓ If deductions were not itemized on Schedule A of IRS Tax Return, then submit receipts of payments made for medical, dental, prescriptions, health premiums, etc.

Childcare Expenses Paid:

Name of Childcare Provider/Facility: _____

Amount paid per month: \$ _____.

Required Documents:

- ✓ Receipt of payments made and/or a billing statement if expense will be incurred during the current academic year.

Retirement or Permanent Disability:

Name of Retiree/Disabled: _____

Date of Retirement/Last Date Worked: _____ Relationship to the Student: _____

Monthly Amount of Pension Income: \$ _____ Date Payments Began _____.

Required Documents:

- ✓ Photocopy of last paystub including year-to-date earnings for the person above
- ✓ Proof of monthly Social Security benefits, and/or pension income if applicable

Termination of Benefits (Child Support, Alimony, Unemployment, other):

Type of Income that was Terminated: _____

Date of termination: _____

Required Documents:

- ✓ Photocopy of last paystub including year-to-date earnings for person above
- ✓ Proof of monthly Social Security benefits, and/or pension income , if applicable

One-Time Only Income:

Type of One-Time Income: _____

Required Documents:

- ✓ Explain the windfall situation and why it will be a single occurrence.
Your letter must address why this income is not available for the student's education expenses.
- ✓ Documentation of the income source; if Roth Conversion, include documentation of deposits.

Note: Renewal of this Professional Judgment is **NOT** automatic and if approved, is granted ONLY for the 2019-2020 academic year.

Affirmation and Certification

By signing this document, I certify that all information contained on this form and in my (our) personal statement is true and complete to the best of my knowledge. Providing inaccurate or false information may result in the denial, reduction, withdrawal and/or repayment of financial aid. **I understand that the decision of the Office of Financial Aid is final.**

Please note that a request for a Professional Judgment consideration does not guarantee the receipt of new or additional financial aid. Approval will be based on the circumstance stated and the documentation provided to support your case. Students should be prepared to pay their bill if they choose to register for classes. Notification of the appeal decision will be mailed to the student's home address.

Student's Signature: _____ Date _____

Parent's Signature: _____ Date _____
(Required for Dependent Students)