

2018-2019 REQUEST FOR PROFESSIONAL JUDGMENT

Student Name: _____ CCM ID Number:

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|---|--|--|--|--|--|--|--|--|--|
| 0 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

Last First

Your application for financial aid will be processed using the information you furnished on the Free Application for Federal Student Aid ([FAFSA](#)). The information provided will determine your eligibility for all need-based and most non-need based aid using the Expected Family Contribution (EFC); while federal law defines the EFC calculation, the law does provide some flexibility.

Sometimes families experience special circumstances which merit consideration and recalculation of their financial aid eligibility based on their **projected annual 2018** income information rather than the federally required **2016** information. Professional judgment appeal requests are reviewed only after the student and/or parent has submitted all necessary supporting documentation which may include **2016**, **2017** and or **2018** annual income and benefits received. Please be aware that professional judgment requests, if approved, are granted on a one-time, case-by-case basis. All professional judgment request decisions are final. Approved appeals may not necessarily qualify the student to receive additional financial aid (loans included). The appeal decision will be mailed to the student by way of a "revised award notification letter".

SECTION I: CIRCUMSTANCES GIVEN CONSIDERATION

- A. **The student, spouse or parent has experienced a significant change (i.e. loss of job) in total income.** Effective Date: _____. Who has experienced this change in income? _____, due to (indicate reason) _____. If due to loss of employment, submit copy of last pay-stub(s) received. Skip this section 1, A. If loss was voluntary (quit).
- B. **The student, spouse or parent has other significant circumstances that should be taken into consideration.** Do not include credit card debt, house payments, car payments, etc.
- C. **The student, spouse or parent has high medical expenses.**
Please provide copies of you most recent medical bills paid out-of-pocket for the previous or current calendar year.

SECTION II: INSTRUCTIONS

- A. Identify the situation(s) for which you are requesting a professional judgment review. (above)
- B. Attach a clear and concise one-page explanation of your circumstances.
- C. Attach relevant documentation of your circumstances as listed on page 2. *Example- Proof of current Unemployment; Job loss from employer, etc.*
- D. **Upon review of your appeal, the Financial Aid Office may request additional documentation.**
- E. Complete the Projected Income Worksheet. (page 2.)
- F. Complete the **2018-2019** verification worksheet which can be found on our website under [Forms & Worksheet](#) and attach your **2016** IRS Tax Return 'Transcript' and all W2's for student and spouse (*if independent and or married, filing separately*) and parent(s) (*if dependent*).
- G. Return all requested documents to the CCM Financial Aid Office, Room SCC-210.

SECTION III: CERTIFICATION

I/we certify that the information provided on this form is true and complete to the best of our knowledge. If requested for completion of your appeal or financial aid I/we agree to provide additional documentation and understand that if such documentation is not provided I may not receive consideration for a professional judgment appeal. I further understand that if I knowingly give false information, I may be subject to disciplinary action by the college, further resulting in cancellation or repayment of disbursed financial aid.

Student Signature

Date

Parent Signature (If parent information is required)

Date

CCM ID Number:

0

SECTION IV: **PROJECTED** INCOME WORKSHEET

| SOURCES OF INCOME <i>Do not leave any sections blank. Write "0" if income type does not apply.</i> | Parent(s) | | Student (and Spouse) | |
|--|---|--------------------------------------|---|----------------------------|
| | Actual 2018 year-to-date income (not monthly) | Expected total 2018 income | Actual 2018 year-to-date income (not monthly) | Expected total 2018 income |
| 2018 income earned from work (includes earnings from wages, salaries, tips, business, and farm income). Include Work-study earnings. | \$ _____ <i>Father/Stepfather</i> | \$ _____ <i>Father/Stepfather</i> | \$ _____ <i>Student</i> | \$ _____ <i>Student</i> |
| | \$ _____ <i>Mother/Stepmother</i> | \$ _____ <i>Mother/Stepmother</i> | \$ _____ <i>Spouse</i> | \$ _____ <i>Spouse</i> |
| Interest and dividend income | \$ | \$ | \$ | \$ |
| Unemployment compensation (copy from the Dept. of Labor) | \$ | \$ | \$ | \$ |
| Net amount received of withdrawal from pensions or annuities (IRA, Keogh, etc.) – do not include rollovers | \$ | \$ | \$ | \$ |
| Capital gain and/or other gains | \$ | \$ | \$ | \$ |
| Cash received, or money paid on your behalf, not reported elsewhere on this form. Do not include cash received from a parent whose information is provided on this form | \$ | \$ | \$ | \$ |
| Alimony/maintenance | \$ | \$ | \$ | \$ |
| Other income, including rental income (list type): _____ | \$ | \$ | \$ | \$ |
| Social Security benefits, including Supplemental Security Income. Include amounts received for yourself and your children | \$ | \$ | \$ | \$ |
| Welfare Benefits/Temporary Assistance for Needy Families. Do not include food stamps | \$ | \$ | \$ | \$ |
| Child Support RECEIVED for all children | \$ | \$ | \$ | \$ |
| Other untaxed income and benefits* (see below) | \$ | \$ | \$ | \$ |
| Child support PAID in 2018 | \$(-) | \$(-) | \$(-) | \$(-) |
| Earnings from federal or state work-study programs | \$(-) | \$(-) | \$(-) | \$(-) |
| TOTAL EXPECTED 2018 INCOME | \$ | \$ | \$ | \$ |