



Financial Aid Document Upload to: [Titans Direct](#)

2021-2022 REQUEST FOR PROFESSIONAL JUDGMENT FORM

Student Name: _____
Last First

CCM ID Number: 0 _____

Financial aid award eligibility is based on the processed results of your filed Free "Application" for Federal Student Aid (FAFSA) or NJ State Alternative Financial Aid Application. This information will determine your eligibility for all need-based and most non-need based aid using the Expected Family Contribution (EFC), computed by Federal Student Aid (FSA); while federal law defines the EFC calculation, the law does provide some flexibility.

Families who recently experienced "unusual, extenuating financial circumstances", which may merit consideration and recalculation of their financial aid eligibility based on a **projected annual 2021 income**, rather than the federally required 2019 income information. Appeal requests are reviewed once the student and/or parent has submitted supporting documentation, which may include and not limited to 2019, 2020 and or 2021 annual YTD income and assets, and or benefits received, police report, group home/Agency reports, loss of employment from employer(s) or other relevant most recent documents (*preferably no older than one calendar year*).

Please be aware that professional judgment requests is a one-time, case-by-case review basis only - **All judgment decisions are final with case review closed.**

Attention: Approved appeals may not necessarily qualify the student to receive additional financial aid grants or loans. Denied appeal will result with no change to your award packet if already awarded. Income/asset change reported on the following year's financial aid application (FAFSA). Appeal response is email to the student by way of their CCM student email.

SECTION I: CIRCUMSTANCES REQUESTING CONSIDERATION (within two years)

- 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 current loss of employment (Dept. of Labor proof required), submit copy of last pay-stub(s) received. Skip this section I, A. If loss was voluntary (quit) or Per-Diem or self-employed.
- B. **The student, spouse or parent has other significant extenuating, circumstances that should be taken into consideration.** Do not include credit card debt, house payments/rent, car payments, phone bills, medical cost other than out-of-pocket, etc.
- C. **The student, spouse or parent has high medical expenses due to recent illness.**
Provide copies of your most recent medical bills out-of-pocket paid expenses proof 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 for clarification.**
- E. Complete the Projected Income Worksheet. (Page 2.)
- F. Complete the 2021-2022 verification worksheet which can be found on our website under Forms & Worksheet and attach your **2019** 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. Upload all requested documents (*indicate your CCM ID# on all pages*) to the office, by way of CCM **MappingXpress**.

SECTION III: CERTIFICATION

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

Student Signature

Date

Parent Signature (*If parent information is required*)

Date

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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 2021 year-to-date income (not monthly)	Expected total 2021 income	Actual 2021 year-to-date income (not monthly)	Expected total 2021 income
1.	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>
2.	Interest and dividend income	\$	\$	\$	\$
3.	Unemployment compensation (copy from the Dept. of Labor)	\$	\$	\$	\$
4.	Net amount received of withdrawal from pensions or annuities (IRA, Keogh, etc.) – do not include rollovers	\$	\$	\$	\$
5.	Capital gain and/or other gains	\$	\$	\$	\$
6.	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	\$	\$	\$	\$
7.	Alimony/maintenance	\$	\$	\$	\$
8.	Other income, including rental income (list type): _____	\$	\$	\$	\$
9.	Social Security benefits, including Supplemental Security Income. Include amounts received for yourself and your children	\$	\$	\$	\$
10	Welfare Benefits/Temporary Assistance for Needy Families. <i>Do not include food stamps</i>	\$	\$	\$	\$
11	Child Support RECEIVED for all children	\$	\$	\$	\$
12	Other untaxed income and benefits* (see below)	\$	\$	\$	\$
13	Child support PAID in 2021	\$(-)	\$(-)	\$(-)	\$(-)
14	Earnings from federal or state work-study programs	\$(-)	\$(-)	\$(-)	\$(-)
15	TOTAL EXPECTED 2021 INCOME	\$	\$	\$	\$