



**2024-2025 REQUEST FOR PROFESSIONAL JUDGMENT**

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) form 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 Student Aid Index (SAI), computed by Federal Student Aid (FSA); while federal law defines the SAI calculation, the law does provide some flexibility.

Families who recently experienced personal financial "unusual, special circumstances" which may merit consideration and recalculation of their financial aid eligibility based on a **projected annual 2024 income**, rather than the federally required 2022 income information. Appeal requests are reviewed once the student and/or parent (**contributor**) has submitted supporting documentation, which may include and is not limited to 2022, 2023 and or 2024 YTD income and assets, and or benefits received. Supporting documents may include school counselor statement, 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 appeals will result with no change to your award packet if already awarded. Approvals are subject to review each school year and are not automatically continued if your status has changed which may be based on Income/asset or personal circumstance reported on the following year's financial aid application (FAFSA). An appeal response will be emailed to the student by way of their CCM student email.*

**SECTION I: CIRCUMSTANCES REQUESTING CONSIDERATION**

- A. **The student, spouse or parent also known as contributor 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 or employer notice proof required), submit copy of last pay-stub(s) received. Skip this section if loss was voluntary (quit) or Per-Diem or self-employed.
- B. **The student, spouse or parent has other significant extenuating, circumstances that we should take 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 your most recent medical bills (out-of-pocket paid portion only) 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 personal 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 2024-2025 verification worksheet which can be found on our website under Forms & Worksheet and attach your **2022** 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 student portal **TITANS DIRECT**.

**SECTION III: CERTIFICATION**

By signing (**do not type**) below, 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 already disbursed financial aid.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (*If parent information is required*)

\_\_\_\_\_  
Date

**SECTION IV: PROJECTED INCOME WORKSHEET (Contributor's Information)**

	<b>SOURCES OF INCOME</b> <i>Do not leave any sections blank. Write "0" if income type does not apply.</i>	<b>Parent(s)</b>		<b>Student (and Spouse)</b>	
		Actual 2024 year-to-date income (Annual)	Expected total 2024 income	Actual 2024 year-to-date income (Annual)	Expected total 2024 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 2024	\$(-)	\$(-)	\$(-)	\$(-)
14	Earnings from federal or state work-study programs	\$(-)	\$(-)	\$(-)	\$(-)
15	<b>TOTAL EXPECTED 2024 INCOME</b>	\$	\$	\$	\$