2016 – 2017

Professional Judgment Form

In cases where 2016 family income is expected to be substantially less than 2015, or if you have special circumstances we should take into consideration, you may request a review of family contribution and financial aid eligibility. Complete and return this form to the Financial Aid Office along with documentation to support your request.

Name: ___________________________________________________________  ID#: __________________________

Check the condition and circle the person for whom it applies:

☐ You / Your Spouse / Your Parent(s) was / were employed in 2015 but is / are now unemployed or under employed.
  Suggested Documentation: Statement from Employer.

☐ You / Your Spouse / Your Parent(s) earned money in 2015, but has / have been unable to pursue normal income-producing activities during 2015 due to a disability or natural disaster.
  Suggested Documentation: Physician's statement or written description of natural disaster.

☐ You / Your Spouse / Your Parent(s) received unemployment compensation, child support, or Social Security benefits or other untaxed income in 2015 and have had a complete loss of those benefits in 2016.
  Suggested Documentation: Letter of explanation from source of benefit.

☐ Your Spouse / Parent whose 2015 income was reported on your application for Federal Student Aid has died since you submitted your application.
  Date of Death: _____/_____/_____
  Suggested Documentation: Death Certificate

☐ You/Your Parents have separated/divorced and income from both parties was reported on the application for Federal Student Aid for 2015.
  Suggested Documentation: Separation Agreement or Divorce Decree, Marital Status Form, and 2015 W-2’s and tax transcript.

☐ Other: Please explain briefly and concisely those circumstances you wish us to consider when reviewing your financial aid eligibility. Examples include: non-reimbursed medical costs, one-time bonus etc. Please submit documentation supporting the circumstances with this form.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

MAIL OR RETURN TO:
James Sprunt Community College, Attn: Financial Aid Office, PO Box 398, Kenansville, NC 28349
# Professional Judgment Form

## Student / Spouse / Parent(s) Expected Income and Expenses (if required)

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income earned from work by student:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Income earned from work by spouse / parent:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Taxable Income (e.g. unemployment benefit):</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Social Security Benefits:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>AFDC/ADC or TANF Benefits:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other non-taxable income or benefits:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Expected Income:</strong></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

By signing this form, you agree to provide information that will verify the accuracy of your information, if requested. If you purposely give false or misleading information, you will be referred to the United States Department of Education’s Inspector General. If you purposely give false or misleading information in order to qualify for Title IV funds, you may be fined, sent to prison or both.

Student's Signature: _____________________________ Date: ______________________

Parent's Signature: _____________________________ Date: ______________________
2016 – 2017
Professional Judgment Form

Name: ________________________________          ID: __________________

Your request for professional judgment has been:

_________ Approved

Recalculated EFC: _______        ISIR reprocessed ____/____/____

Amounts to be adjusted: __________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________ Denied

Reason for denial: ________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Comments:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

I hereby use my professional judgment to adjust / not adjust this student's expected family contribution.

____________________________________________________          ______

Financial Aid Director        Date

MAIL OR RETURN TO:
James Sprunt Community College, Attn: Financial Aid Office, PO Box 398, Kenansville, NC 28349