



2023-2024

Professional Judgment Form

In cases where 2021 family income is expected to be substantially less than 2019, 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 2020 but is / are now unemployed or under employed.

Suggested Documentation: Statement from Employer.

☐ **You / Your Spouse / Your Parent(s)** earned money in 2020, but has / have been unable to pursue normal income-producing activities during 2020 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 2020 and have had a complete loss of those benefits in 2020.

Suggested Documentation: Letter of explanation from source of benefit.

☐ **Your Spouse / Parent** whose 2020 income was reported on your application for Federal Student Aid has passed away 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 2022.

Suggested Documentation: Separation Agreement or Divorce Decree, Marital Status Form, and 2020 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



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Student / Spouse / Parent(s) Expected Income and Expenses (if required)		
	2020	2022
Income earned from work by student:	\$	\$
Income earned from work by spouse / parent:	\$	\$
Other Taxable Income (e.g. unemployment benefit):	\$	\$
Social Security Benefits:	\$	\$
AFDC/ADC or TANF Benefits:	\$	\$
Other non-taxable income or benefits:	\$	\$
Total Expected Income:	\$	\$

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: _____

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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 Representative

Date

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