

Professional Judgment Request Form

The Higher Education Act allows financial aid offices to address unusual circumstances when a family's ability to pay for a college education is not accurately reflected on the FAFSA. Since each situation will be reviewed on a case-by-case basis, additional aid is not guaranteed.

▶ PERSONAL INFORMATION

Student Name	Student ID Number	Student SSN
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▶ INCOME INFORMATION

My projected 2016 income is _____ my 2015 income that I reported on the FAFSA.

	Student	Father	Mother
About the same as	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significantly less than	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significantly more than	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: "About the same as" should be marked if the change is from a slight cost of living increase in your pay, or small differences in hours worked or bonuses received.

Note 2: If any of the above answers are "Significantly less than" or "Significantly more than", please complete the following:

Circle one: Student / Father / Mother

My projected 2016 income is: \$ _____

Explanation:

Circle one: Student / Father / Mother

My projected 2016 income is: \$ _____

Explanation:

▶ MARK THE BOXES THAT APPLY AND SUBMIT CORRESPONDING DOCUMENTATION

Out-of-pocket medical expenses – Uninsured medical, dental and vision expenses occurred in the family that will not be reimbursed by insurance or other funding. Total out-of-pocket expenses for 2015: \$ _____ 2016: \$ _____

Documentation required (one of the following):

- A copy of Schedule A if you included medical expenses in your itemized deductions on the 2015 tax form
- A **signed** summary of all medical expenses, including name of medical provider, type of expense (surgery, doctor visit, pharmacy, etc.), amount not covered by insurance, and amount you paid in 2015.

Private school tuition expense – Private K-12 tuition expenses paid for any child in the family in the 2016 tax year.

Name of student(s) _____

Name of school(s) _____

Tuition paid in 2016: \$ _____ (Do not include other fees—only tuition)

Documentation required:

- Receipt (or letter) from the school showing amounts paid in 2016. Please label unclear bills.

Parent enrolled in college at least half time in a degree-seeking program – The parent must be enrolled in 2015 or 2016.

Name of parent enrolled _____

College/university name _____

Status of parent enrollment Full time Half time Other _____

Amount of tuition paid out-of-pocket 2015: \$ _____ 2016: \$ _____

Documentation required:

- Proof of registration from school
- Bills or other statements from school showing amount paid for tuition

Traditional IRA converted to Roth IRA in 2015 – Amount converted in 2015: \$ _____

Documentation required:

- Copy of 2015 tax forms, pages 1-2
- Copy of 1099R or other financial document showing the amount of the conversion

One-time income source that inflates income – Includes funds that are not accessible, lump sum distributions from retirement plans that are not recurring, etc. Amount of inflated income in 2015: \$ _____

Documentation required:

- A copy of Form 1099-R, if applicable
- A copy of the 2015 IRS tax return, pages 1-2, and any other applicable schedules related to the request
- Explain the situation using space provided at bottom of this form. Include detail of how the non-recurring income was spent or why it is not available to pay college expenses.

Child support or Social Security benefits that have decreased or ended

Documentation required:

- Legal documentation or notarized statement indicating the amount and date of change
- Explain the situation using space provided at bottom of this form.

Other extenuating circumstances

Documentation required

- Explain the situation using space provided at bottom of this form.
- Any supporting documents that verify the financial ramifications mentioned in the letter

My signature below confirms that all of the information submitted is true and complete to the best of my knowledge. If asked by an authorized official, I (we) agree to give proof of this information. I (we) also realize that if I (we) do not give proof when asked, the request may not be considered.

Student Signature _____
(Required if student's income changed)

Date _____

Parent Signature _____
(Required if parent's income changed)

Date _____

For office use only:

Original EFC \$ _____

Adjusted EFC \$ _____

PJ date _____

PJ completed by _____

Method of communicating results _____

PJ notes _____

Mail to: Northwestern College
Financial Aid Office
101 7th St SW
Orange City, IA 51041

Email as attachment to finaid@nwciova.edu

Fax to 712-707-7165

Explanation of situation: