Office of Student Financial Aid
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Independence, KS 67301
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Office of Student Financial Aid

Application for Professional Judgment – Financial Circumstances

2019-20

Name_____ **Phone #**_____ **Student ID**_____

Address_____

This form is to assist you in reporting changes in your financial circumstances. Review of your situation does not guarantee an adjustment to your aid eligibility, but will be reviewed to more accurately portray your financial situation. Please provide the following documentation to the Office of Student Financial Assistance:

Written Explanation of the special circumstances that affect your financial situation
Complete Documentation supporting your explanation of the circumstances (see list of accepted documents below)
2017 Federal Tax Return Transcript, W-2 forms, and 2017 1040 tax forms with all schedules filed for Student (and Parent if applicable) **or** successful **IRS Data Retrieval** of income information in the FAFSA.
Application for Professional Judgment (this form)

Please write the student's name on all attached documentation. Submit all information together to satisfy all requirements listed above. You will be notified with the results of your appeal.

GENERAL BASIS OF APPEAL

_____ **Loss of Income / Benefits**—this will be calculated at the end of the calendar year to avoid over-estimation

- Copy of termination letter from employer
- Last pay stub
- Unemployment verification- documentation of amount received or letter of ineligibility
- Copy of your/your parents' most recent IRS Tax Return Transcript, W-2s, and all 1040 tax forms
- For Social Security Benefits or Child Support Payments decreased or ceased, provide an official letter/court document describing the termination of benefits and the amount received year-to-date

_____ **Divorce/Separation of Parents** (or Student from spouse)

- Copy of court order: final divorce decree, legal separation agreement
- Copy of most recent IRS Tax Return Transcript, W-2 forms, 1040 tax forms with all schedules

_____ **Death of Parent** (or Spouse)

- Copy of death certificate
- Copy of most recent IRS Tax Return Transcript, W-2 forms, and all schedules

_____ **Excessive Medical Costs** not covered by insurance

- Canceled checks verifying payment made
- Printout from pharmacy/doctor/dentist detailing expenses paid by student/parent
- Schedule A from your/your parents' most recent Federal Tax Return, if completed

_____ **Dependent to Independent**

- Separate form required.

_____**Other:** _____

All of the information attached is true and complete to the best of my knowledge. I agree to provide more detailed documentation if required.

_____ _____

Student Signature Date Spouse/Parent Signature Date