



Professional Judgment Request Form

Student Name: _____ Student ID Number: _____ Student SSN: _____

Out-of-Pocket Medical Expenses - Uninsured medical or dental expenses occurred in the family that will not be reimbursed by insurance or any outside funding

Total out of pocket medical expenses for '14: \$ _____

OR

Total YTD out of pocket medical expenses for '15: \$ _____

Estimated expenses for rest of '15: \$ _____

---Attach summary of medical expenses---

Private School Tuition Expenses - Private K-12 tuition expenses paid by our family during the 2014 tax year

Name of student(s): _____

Name of school: _____

Tuition paid in 2014 (attach receipts): \$ _____

Funeral Expenses - Family incurred uninsured funeral expenses during 2014 or 2015

Total uninsured funeral expenses: \$ _____

Parent Enrolled in College - Tuition costs for parent(s) of dependent student enrolled in college (include billing statement).

Parent name: _____

College/University attending: _____

Tuition paid in 2014: \$ _____

Other Family Support

Family is supporting another person not listed on FAFSA

Unusually high dependent care costs

Name of person being supported: _____

Relationship to family: _____

Total expenses for 2014: \$ _____

Traditional IRA converted to Roth IRA

Taxable amount on 2014 tax form: \$ _____

Note: Include copy of tax form or conversion records

One-Time Income Source

Settlement received that cannot be accessed

Life insurance proceeds

Total settlement amount: \$ _____

Explanation of Circumstances (REQUIRED SECTION):

CERTIFICATION: 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 professional judgment not may get processed.

Parent Signature: _____

Date: _____

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

Email attach to: finaid@nwciova.edu

Fax to: 712-707-7165