



# Professional Judgment Request Form

## Extenuating Circumstances

2017-18

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**

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Student Name	Student ID Number	Student SSN
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Student Email	Parent Email
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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:

Check one:    Student /    Father /    Mother

My projected 2016 income is: \$ \_\_\_\_\_

Explanation:

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Check one:    Student /    Father /    Mother

My projected 2016 income is: \$ \_\_\_\_\_

Explanation:

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**▶ 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 2016: \$ \_\_\_\_\_ 2017: \$ \_\_\_\_\_

Documentation required (one of the following):

- A copy of Schedule A if you included medical expenses in your itemized deductions on the 2016 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 2016.

**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 2016 or 2017.

Name of parent enrolled \_\_\_\_\_

College/university name \_\_\_\_\_

Status of parent enrollment  Full time  Half time  Other \_\_\_\_\_

Amount of tuition paid out-of-pocket 2016: \$ \_\_\_\_\_ 2017: \$ \_\_\_\_\_

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

**Explanation of situation:**

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 \_\_\_\_\_

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@nwciowa.edu](mailto:finaid@nwciowa.edu)

Fax to 712-707-7165