

# Professional Judgment Request Form, 2018-19

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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## ▶ INCOME INFORMATION

My projected 2017 income is \_\_\_\_\_ my 2016 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 2017 income is: \$ \_\_\_\_\_

Explanation:

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Circle one:      Student / Father / Mother

My projected 2017 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 2017 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 2017 (Jan – Dec). 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 2016** – Amount converted in 2016: \$ \_\_\_\_\_

Documentation required:

- Copy of 2016 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 2016: \$ \_\_\_\_\_

Documentation required:

- A copy of Form 1099-R, if applicable
- A copy of the 2016 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 this request is based on student's financial situation)

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_  
(Required if this request is based on parent's financial situation)

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](mailto:finaid@nwciova.edu)

Fax to 712-707-7165

## Explanation of situation: