

Professional Judgment Worksheet

2019-2020

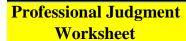
Special circumstances can exist that warrant a reconsideration of your financial aid eligibility. This can include but is not limited to: income and/or marital status changes.

This worksheet should only be submitted **AFTER** the 2019-2020 Free Application for Federal Student Aid (FAFSA) has been reviewed and you have received your initial award notification. Your financial aid file must be complete to be considered for an adjustment. If you are selected for verification, we must also verify your FAFSA before processing this request.

Each request is evaluated on a case by case basis and can take 3-5 weeks for processing. **Submitted requests are not guaranteed to be approved; professional judgements do not always result in additional aid eligibility.** This form must be submitted by **March 30, 2020** for the 2019-2020 academic year. **DO NOT** submit this worksheet if your Expected Family Contribution (EFC) is **0**.

Student's Last Name	First Name	Middle Initial	Student ID Number
Student's Street Address (in	clude apt. no.)		Date of Birth
City	State	Zip Code	Student's Phone Number
Please check the categor	ry that applies to your a	appeal:	
☐ Death of Spouse, Parent	, or Legal Guardian		
☐ Income Reduction Due to	. ,		
☐ Income Reduction Due to	Marital Status		
☐ Income Reduction Due to	Extenuating Circumstance	(not previously listed)	

PLEASE NOTE: Current or future Financial Aid funds can be adjusted if the documentation does not support the claim(s). Any changes made to your FAFSA after this application has been processed will result in a hold being placed on your account.







INCOME REDUCTION DUE TO EMPLOYMENT CHANGES

1. Individual whose ☐ Parent 1	income has been reduced: □ Parent 2	☐ Student	☐ Spouse	
2. Date of Termination	on:			
Reduction or los	ss of income from wor	k must have occurred a request.	t least 10 weeks prior to	the submission of this
3. Reason for Income	e Reduction:			
☐ Disability ☐ Roll Over Pension ☐ Death of Spous	loyment Status or hours ons e, Parent, or Legal Guardia			
4. If you, your spouse	e, or your parent(s) have st	arted another job, please lis	t the start date:	
5. Will the individua	l receive Unemployment I	Benefits? ☐ Yes ☐ No		
6. If YES, please pro	ovide the start date of the	Unemployment Compens	sation:	
Please submit the fo	ollowing documentation	(all may not apply):		
☐ 2017 and ☐ 2017 and ☐ Copy of I ☐ Death Ce ☐ Final Pay ☐ Separation	d 2018 W-2s or Wage and d 2018 Verification of Normost recent pay statemer ertificate	-Filing Letter its (must show the Year-to		

Income reduction must be more than \$10,000 to be considered for review.



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MARITAL STATUS CHANGES

 Individual(s) whos □ Parents 	e marital status has changed: ☐ Student/Spouse		
2. Date of Separation	(<i>mm/yy</i>):		
3. Date of Divorce (<i>n</i>	nm/yy):		
4. Date of Death (<i>mm/yy</i>):			

Please submit the following documentation (all may not apply):

- 2017 and 2018 IRS tax return transcript(s) and Amended tax information (if applicable)
- 2017 and 2018 IRS W-2s or Wage and Income Transcripts
- Divorce Decree
- Death Certificate or Obituary
- Separation Agreement
- Proof of Child Support Received or Paid
- Proof of Alimony Received or Paid
- Lease/Mortgage/Utility Bills with two separate addresses
- Letter from a professional (**non-relative**) with whom you are acquainted, that details the martial status change. The statement must include the starting date, living arrangements, and length of the change in marital status.



A. Student's Household Information

IF DEPENDENT, INCLUDE:

- Yourself
- Your parent(s), step-parents, or unmarried legal parents who live together (even if you don't live with them)
- Your parents' children or dependents, if they will provide more than 50% of their support from July 1, 2019- June 30, 2020 (they must be required to provide parental information on the FAFSA)

IF DEPENDENT, THE NUMBER IN COLLEGE CAN INCLUDE:

- Yourself
- Your parent's other children, if they would be required to provide parent information on the FAFSA

IF INDEPENDENT, INCLUDE:

- Yourself
- Your spouse (if married)
- Your children or dependents, if they you provide more than 50% of their support from July 1, 2019- June 30, 2020 (they must be required to provide parental information on the FAFSA)

IF INDEPENDENT, THE NUMBER IN COLLEGE CAN INCLUDE:

- Yourself
- Your spouse
- Your children, if they would be required to provide your information on the FAFSA

*If more space is need, attach a separate page with the student's name and Student ID Number at the top.

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Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		Self	GPTC	YES







B. Certification and Signature

Each person signing below certifies that all of the information reported is completed correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Print Student's Name	Student's ID Number
Student's Signature (Required)	Date
Spouse's Signature (Optional)/Parent's Signature (Required)	Date