15181 State Route 58
Oberlin, OH 44074



Ph: 440.774.1051
Fax: 440.776.2070

**Professional Judgment/Special Consideration Form**

*All relevant documentation must be attached to this request*

You may complete this professional judgment request if you, your spouse’s, or your parents’ *(for dependent students)* financial, marital, or family situation has changed or differs significantly from the information you originally provided on your 2023-24 Free Application for Federal Student Aid (FAFSA), which was based on 2021 household, tax, income, and asset information.

The Financial Aid office will review the information from this form, supporting documentation you provide, and information from your FAFSA application to determine if we can make any adjustments to your FAFSA, which may assist you in receiving increased eligibility for need-based federal financial aid.

To be completed by student (please print):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT LAST NAME STUDENT FIRST NAME STUDENT MIDDLE NAME**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT PHONE NUMER STUDENT EMAIL ADDRESS TODAY’S DATE**

If a dependent student:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT CONTACT NAME PARENT PHONE NUMBER PARENT EMAIL ADDRESS**

Please note: This form does not guarantee that your request will be approved, or that you will qualify for additional aid.

Check the appropriate reason for your request below. 1 of the 7 must be checked.

\_\_\_\_\_\_\_\_\_1) **A CHANGE IN THE FAMILY SITUATION OCCURRED DUE TO THE DEATH OF A SPOUSE OR PARENT.**

 Please provide a copy of the spouse’s or parent’s death certificate.

\_\_\_\_\_\_\_\_\_2) **THERE ARE LOSSES OF INCOME OR BENEFITS FOR STUDENT OR PARENT.**

Please indicate if you, your spouse, or your parents *(for dependent students)* expect to earn *less* in the period you will be enrolled in school than 2021, OR if benefits have been reduced or suspended.

**A. Loss of income from work:** Attach documentation from your employer stating the effective date of separation from work or pay change and confirming the amount of reduced wages if applicable. PLEASE NOTE: we cannot use any documentation that reflects *future* events (i.e., anticipated date of resignation or separation from job) – the event must have already happened.

Was a severance package provided? **YES**  or **NO** (If so, provide severance agreement.)

Is unemployment being received? **YES**  or **NO** (If so, attach statement of benefits.)

Is disability being received? **YES**  or **NO** (If so, attach documentation of benefits.)

Indicate the individual who had a loss/reduction of employment or wages and date that this occurred:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following asks about income and benefits that the impacted person **EXPECTS** to receive during the twelve month period that begins when the student starts class. Answer these questions as accurately as you can. If a question doesn’t apply to you or if you don’t expect to receive any income from that source, you may write in “0” or leave blank. Round amounts to the nearest dollar.

Projected Income Earned from Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Projected Non-Taxed Income \_\_\_\_\_\_\_\_\_\_\_\_

 (Include benefits for all family members)

Projected Unemployment Compensation \_\_\_\_\_\_\_\_\_\_\_\_ Projected Social Security Benefits \_\_\_\_\_\_\_\_\_

Projected Other Taxable Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Projected Other Taxable Income \_\_\_\_\_\_ \_\_\_\_\_ Projected Child Support Payments \_\_\_\_\_\_\_\_\_\_\_ (This includes interest, dividends, alimony, rents,

royalties, business income, etc.)

Projected Public Assistance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Untaxed Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Includes workman’s compensation, black lung benefits, veteran’s non-educational benefits, etc.)

**B. Loss of benefits** (e.g., Social Security, Veterans’ benefits, retirement income, child support, or unemployment). Provide notification of benefit termination or reduction, stating effective date and new monthly amounts if applicable. Specify type of benefit affected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_3) **A CHANGE IN MARITAL STATUS OCCURRED SINCE THE INITIAL**

 **APPLICATION FOR FINANCIAL AID WAS PROCESSED.**

If this involves the separation or divorce of a **dependent student’s** parents, please submit a copy of the Divorce Decree or documentation to verify that a separation has occurred. Also provide confirmation of who will be the student’s *custodial* parent during the academic year.

If this involves the separation or divorce of an **independent student**, please submit a copy of the Divorce Decree or documentation to verify that a separation has occurred.

If this involves a **dependent student** marrying *after* the initial FAFSA was filed, please provide a copy of the marriage license, and appropriate tax documentation for *both* student and spouse (additional documentation may be requested before FAFSA corrections are made).

\_\_\_\_\_\_\_\_ 4) **EXTRAORDINARY MEDICAL/DENTAL EXPENSES HAVE BEEN PAID**.

To make adjustments in this area, you must document whether you have **paid, out-of-pocket expenses** beyond the set amount for medical care that is already figured into the federal EFC formula. **Unpaid bills, estimates, or amounts strictly covered by insurance will not be considered**. Please provide: A copy of the federal **Schedule A** (filed with the tax return) that reflects medical expenses paid during 2022.

 **OR**

A **signed statement from your medical provider** that details:

 Original medical/dental expenses, patient’s name, and dates of service

 Amount paid (or to be paid) by insurance—including any other adjusted amounts off the balance due

 Amount actually paid by the individual for any medical services rendered

 The name, address, and phone number of the medical/dental provider

\_\_\_\_\_\_\_\_\_5) **A SIGNIFICANT AMOUNT OF ONE-TIME INCOME WAS REPORTED ON THE 2021**

 **FEDERAL INCOME TAX RETURN THAT WILL NOT BE RECEIVED IN 2023-24.**

Specify type of income reported (i.e., one-time early withdrawal from IRA Account): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide an explanation and documentation of these funds. Be aware that one-time funds that are not treated as recurring income will be counted, in most cases, as asset information on the FAFSA (i.e., an increase to cash/savings/checking data). This is because the FAFSA formula assumes that part of the funds, when considered as income, should be used for the student’s education. However, considering them as asset information, instead of recurring income, often benefits the student when it comes to financial aid eligibility.

\_\_\_\_\_\_\_\_\_6) **TUITION FOR PRIVATE SCHOOL (K-12).**

To make adjustments for private school tuition, you must document any **paid, out-of-pocket expenses** and provide an itemized paid receipt from the school showing tuition less any scholarships or discounts applied to the account (**anticipated/estimated charges or expenses will not be considered**).

\_\_\_\_\_\_\_\_\_7)  **THERE ARE OTHER UNUSUAL OR SPECIAL CIRCUMSTANCES.**

If you do not meet one of the conditions above, provide a detailed explanation in your Personal Statement and attach documentation of how your financial status has changed. Please know that the federal formula does not allow us to take discretionary spending or outstanding debts into account – so things including, but not limited to, bankruptcy, large credit card balances, or the costs of a second home cannot be the basis for a change in the student’s calculated financial need.

**PERSONAL STATEMENT** – Please complete a personal statement, written, signed, and dated statement that explains your special circumstances.

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Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Spouse’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**=================================================================**

**CERTIFICATION STATEMENT**

***(Please read carefully before signing.)***

*By signing below, I affirm that all information contained in or attached to this request for an adjustment to the FAFSA (including any personal statements and/or other documentation) is true and correct to the best of my knowledge, and the information is complete. I agree to provide additional information or documentation if requested. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, this request will be denied and that any eligibility for federal and state student aid may be suspended or canceled.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Spouse’s Signature Date

***Requests are processed as quickly as possible, but may take several weeks during peak periods***

***(June through September).***