



Professional Judgment Form

for School Year: 20__ to 20__

Student's Name: _____ Last four of SS#: _____

DOB: _____ Student's phone number: _____

Parent's phone number: _____
(If applicable)

The completion of this professional judgment form allows for a review of extenuating circumstances not represented on the Free Application for Federal Student Aid (FAFSA). The following is a list of eligible criteria for submitting this form. You and/or your parent(s) circumstance must meet at least one of the following criteria.

Please indicate below which criteria matches your circumstance.

YES NO

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Reduction or loss of income: Complete Section 1 (<i>Expected income is less than prior year income because of reduction or loss of work earnings.</i>) |
| _____ | _____ | 2. Reduction or loss of nontaxable income: Complete Section 2 (<i>Nontaxable income may include social security benefits, child support, alimony, VA benefits, JTPA, AFDC, welfare benefits, etc.</i>) |
| _____ | _____ | 3. Divorce/Separation: Complete Section 3 |
| _____ | _____ | 4. Exceptional medical/dental expenses: Complete Section 4 |
| _____ | _____ | 5. Other Unusual Circumstance: Complete Section 5 |

The following documents must be included with every Professional Judgment.

Additional documentation may also be needed – see a list of applicable documentation under each type of request (pages 2 and 3).

- | | | |
|-------|----|---|
| _____ | 1. | Student's and Spouse's (if married) Federal Tax Return Transcript |
| _____ | 2. | Parent's (if Dependent) Federal Tax Return Transcript |
| _____ | 3. | Copies of W2's for all parties involved |
| _____ | 4. | Verification Form (Included with Professional Judgment Form) |

*****Professional Judgments will not be reviewed until all documents listed above are provided.*****

SECTION 1: REDUCTION OR LOSS OF INCOME

The following is a list of documents that must be provided. Additional documents may be requested:

- _____ 1. Personal letter of explanation (*This letter should explain dates of employment, time periods in which reduction or loss of wages occurred.*)
- _____ 2. Letter from employer(s) on letterhead, certifying last date of employment or reduction of work hours or pay rate
- _____ 3. Copy of most recent pay stub
- _____ 4. Statement of unemployment compensation, severance package, and/or JTPA benefits, including dates and amounts received

SECTION 2: REDUCTION OR LOSS OF NONTAXABLE INCOME

The following is a list of documents that must be provided. Additional documents may be requested:

- _____ 1. Personal letter of explanation (*This letter should explain the dates that the nontaxable income began and when it ended.*)
- _____ 2. Statement from source of nontaxable income stating benefit eligibility (*This should include amounts and the dates that the benefits began and/or ended.*)
- _____ 3. Copy of most recent federal income tax return transcript.

SECTION 3: DIVORCE/SEPARATION

The following is a list of documents that must be provided. Additional documents may be requested:

- _____ 1. Personal letter of explanation (*This letter should include the date of the divorce or separation. It should also include amounts and dates on which any additional income is to be received. This may include alimony, child support, etc.*)
- _____ 2. Documentation of alimony and/or child support
- _____ 3. Copy of most recent federal income tax return transcript.
- _____ 4. Copy of all W-2's of student or parent involved in the professional judgment if different from the ones used to complete the FAFSA
- _____ 5. Divorce decree or statement of separation

SECTION 4: EXCEPTIONAL MEDICAL/DENTAL EXPENSES

The following is a list of documents that must be provided. Additional documents may be requested:

- _____ 1. Personal letter of explanation (*This letter should include amounts paid for medical/dental expenses that were not covered by medical insurance.*)
- _____ 2. Proof of payment for medical expenses (*Proof may be in the form of medical/dental statements, cancelled checks, receipts, etc.*)
- _____ 3. Copy of most recent federal income tax return transcript.

SECTION 5: OTHER UNUSUAL CIRCUMSTANCES

The following is a list of documents that must be provided. Additional documents may be requested:

- _____ 1. Personal letter of explanation (*This letter should include reasons for the unusual circumstance.*)
- _____ 2. Proof of unusual circumstance (*Proof may be in the form of bills, letters from a third party, cancelled checks, receipts, etc.*)
- _____ 3. Copy of most recent federal income tax return transcript.

CERTIFICATION STATEMENT

Please read the statement below and include the appropriate signatures.

(Only one parental signature is required for dependent students. Parental signatures are not required for independent students.)

All of the information provided in this appeal is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide additional documentation for the information given on this form or any documentation submitted for the professional judgment. I realize that if I do not provide documentation when asked, this appeal may not be considered.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____
(If applicable) Father _____ Mother _____

Please submit this form along with all the requested documentation to:

*Pratt Community College
348 NE SR 61
Pratt, KS 67124*

If you have any questions, please call (620) 450-2247 or you may e-mail us at finaid@prattcc.edu.

**Note: This appeal is very time consuming. Please allow up to 14 business days for a response once all documentation is provided to the financial aid office and this form is complete.*

For Office Use Only:

(All documentation must be received prior to review of request)

Received: ____/____/____ ***Students File Completed on Date:*** ____/____/____

Appeal Action : ***Approved*** ____ ***Denied*** ____ ***Pending*** ____

Comments: _____

Reviewed By: _____ ***Date:*** ____/____/____