



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

Action: \_\_\_\_\_

2017-2018 Professional Judgment  
Request to Re-Evaluate Financial Aid Eligibility

Section 1: To be completed by student (please print):

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email address

***All supporting documentation required by the Office of Financial Aid must be attached to your request. Please note this form does not guarantee that your request will be approved, or that you will be eligible for additional aid.***

You may complete this form if you, your spouse's, or your parents' (*for dependent students*) financial, marital, or family situation has been altered significantly from the information you were required to provide on the 2017-2018 FAFSA (based on 2015 taxes and income.) Information from this form, supporting documentation you provide, and information our office retrieves from your financial aid file will be reviewed to determine if we can assist you.

**Reason for Appeal [Please check the reason(s) that apply to your situation.]**

- Unemployment of student or parent(s) for at least 12 consecutive weeks.
- Student or parent has lost the job that he/she held in 2015 and is now employed in a lower-paying position.
- Student/parent/spouse had untaxed income in 2015 (Child support, alimony, unemployment, etc.) that has ceased.
- Student/parent/spouse had a one-time increase in income for 2015 (401K or pension withdrawal).
- Unusual, necessary medical/dental expenses
- Other: \_\_\_\_\_

**IF THERE ARE LOSSES OF INCOME OR BENEFITS:**

If you, your spouse, or your parents (*for dependent students*) expect to earn less in 2017 than you did in 2015 because of a change in or loss of employment; or you, your spouse, or parents (*for dependent students*) received benefits such as Social Security, Veterans' Benefits, retirement income, or unemployment benefits in 2015 and those benefits have been reduced or temporarily suspended. Please provide documentation from your employer, former employer, or the appropriate government agency confirming the change in your income or benefits. (*For changes in income, we must have your last date of employment, the date your income changed, your year-to-date earnings, and your new income. For changes in benefits, we must have the date your benefits changed or were stopped, and the monthly amount of your benefits.*)

\_\_\_\_\_ **1). REDUCED INCOME**

\_\_\_\_\_ **A. Loss of income from work:** at least **12 consecutive** weeks.

**Last Date of Work:** \_\_\_\_\_

**Number of weeks unemployed to date:** \_\_\_\_\_

**Did you receive unemployment?** \_\_\_\_\_ **Amount:** \_\_\_\_\_

\*PROVIDE COPY OF UNEMPLOYMENT INFORMATION

**Loss of employment or layoff?** \_\_\_\_\_

\* PROVIDE DOCUMENTATION FOR LAST PAYMENT DATE AND TERMINATION DATE

\_\_\_\_\_ **B. Loss of untaxed income:** at least **12 consecutive** weeks.

**Social Security Loss:** \_\_\_\_\_ (Attach documentation)

**Child Support Loss:** \_\_\_\_\_ (Attach court documentation stating termination of benefits)

\_\_\_\_\_ **2). OTHER UNUSUAL OR SPECIAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED**

Please explain in detail and fully document the special circumstances that you have experienced. Significant changes in financial status must be documented.

**Actual & Estimated Income Sheet**

<b><u>Income Item</u></b>	<b><u>Actual Income 2015</u></b>	<b><u>Estimated Income 2017</u></b>
Father/Step-Father		
Mother/Step-Mother		
Student		
Spouse		
Other Taxable Income (interest, pensions, unemployment, etc.)		
Other untaxed income (child support, social security, welfare, etc.)		
<b>Total</b>		

**Personal Statement:**

After checking the previous criteria, please continue by detailing in writing your unusual or special circumstances. Be sure to include all relevant information. Your written explanation should be as detailed as possible. All personal statements should be signed and dated.

**CERTIFICATION STATEMENT**

(Please read carefully before signing)

*All relevant or requested information and/or documentation must be attached to your request for a re-evaluation of your eligibility for financial aid. Incomplete requests will not be reviewed. Requests are processed in a timely manner through the Financial Aid Office depending upon when they are submitted.*

By signing below, I affirm that all information contained in or attached to this request for a re-evaluation of my financial aid eligibility, including any attached personal statements and/or documentation, is true and correct to the best of my knowledge. I affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have given false or fraudulent statements and/or documentation, this request will be denied and any eligibility for federal and state student aid may be suspended or canceled.

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Student's Signature

Date

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Parent or Spouse Signature

Date

**A complete packet consists of:**

- \_\_\_\_\_ **This completed worksheet**
- \_\_\_\_\_ **Copies of tax returns and W2's**
- \_\_\_\_\_ **Personal Statement**
- \_\_\_\_\_ **All documentation to support your request**
- \_\_\_\_\_ **Signed certification statement**

Please direct all questions to [achildress@snead.edu](mailto:achildress@snead.edu)