



Professional Judgment Appeal Form

Complete this form if you feel you have circumstances that you wish to be taken into consideration. Indicate the reason for your request for professional judgment. **Requests without documentation will not be considered.**

Please Print **Personal Information**

Eagle ID: _____

Name: _____ Social Security Number _____ - _____ - _____
Last First MI

Address: _____
Street/ PO Box Apt # City State Zip Code

Telephone: _____ E-mail Address: _____

Reason for Appeal

Check Applicable Category (For Instructions and explanations on each category see reverse side)

<input type="checkbox"/> Dependency status override
<input type="checkbox"/> Loss of income or change in source of income <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Student's Spouse
<input type="checkbox"/> Excessive medical and/or dental expenses not covered by insurance
<input type="checkbox"/> Private elementary and/or secondary education tuition expenses
<input type="checkbox"/> Parent enrolled in college
<input type="checkbox"/> Divorced or separated: <input type="checkbox"/> Parent <input type="checkbox"/> Student
<input type="checkbox"/> Death of parent or spouse
<input type="checkbox"/> Other extenuating circumstances – attach additional documentation

On a separate sheet of paper **please type** a statement explaining the circumstances that have led to you requesting a review of your financial aid. As part of your statement please be sure to include how you determined your estimated income. Keep in mind that you **must** include **all** sources of estimated income and actual income for the current calendar year. (For example, if you or someone in your family became unemployed in June this year, you would include **all** income from January through June and the estimated/projected income for the remaining months – July through December.) Please keep in mind you **must** include your **last pay stub, letter of termination** and/or **a letter from your last employer** indicating a change in your employment status.

Instructions and Explanations:

Dependency status overrides:

Documentation **MUST** be provided by an impartial third-party source (minimum of two letters). Examples include:

- School guidance counselor
- Court documentation
- Medical professional
- Member of the clergy
- Social services representative

Student **MUST** document proof of income and current living arrangements. Other documents may be accepted based on the situation and is subject to the discretion of the financial aid administrator. Circumstances that **DO NOT** merit a dependency override include:

1. Parents refusing to contribute to the student’s education
2. Parents unwilling to provide information on the application or for verification
3. Parents not claiming the student as dependent for income tax purposes; or
4. Student demonstrating total self-sufficiency

Changes to income:

Submit projected yearly income and/ or submit a termination letter or unemployment office letter; current/ last pay stub form employer(s). *Note: Must be unemployed at least ten (10) weeks.*

Excessive medical expenses not covered by insurance:

Submit proof of actual medical/ dental/ optical payments made that were not reimbursed by insurance.

Elementary or secondary tuition expenses for dependent children:

Submit a copy of school statement regarding expenses paid.

Parent enrolled in postsecondary school:

Submit a letter explaining the reason for your parent’s enrollment in postsecondary school. Include a copy of your parents schedule and a copy of the schools statement of charges. Parent must be enrolled in at least half-time, degree seeking, and not receiving employer tuition reimbursement.

Divorce or separation:

Verification will be performed on current FAFSA. Submit a copy of the divorce decree or legal separation documentation.

Death of parent or spouse:

Submit a copy of the death certificate or obituary notice and surviving parents or students expected current year income; may include survivors benefits, life insurance, etc.

Note: We cannot consider consumer debt (e.g., auto loans, credit card payments) as a condition for professional judgment

Please complete, sign and submit this form with the required documentation to the Financial Aid Office. Allow 1-2 weeks for a response. A decision letter will be sent to you by the U.S. postal service to address indicated on this form.

Note: All decisions are final.

Certification

I (we) certify that the information on this form and the accompanying documentation is accurate and complete to the best of my (our) knowledge. If approved, I (we) understand that the necessary corrections will be made to the Financial Aid Application.

Student’s Signature: _____

Date: _____

Parent’s Signature: _____

Date: _____

Office Use Only

FAFSA File: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete SAP: _____ COA: _____ EFC: _____
Dependency Status: <input type="checkbox"/> Dependent <input type="checkbox"/> Independent <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
Comments: _____ _____
Authorized Signature: _____ Date: _____