

**2018-19 Professional Judgment**

**Request for Re-evaluation of Financial Aid Eligibility**

If you (and your family) have *unusual circumstances* and/or your financial situation has changed significantly since you filed for your FAFSA, your financial aid could possibly change. In order to make this determination please provide additional information and documentation that is requested below. Information from this form, supporting documentation you provide, and data in your financial aid file will be reviewed to determine if we can consider your request. Any adjustments made to your financial aid eligibility must meet Federal Regulation guidelines. You will be notified in writing if your financial aid status has changed. Your ability to receive additional federal financial aid will be dependent on the availability of funds.

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**Student’s Name Student’s SSN**

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

**Address City State Zip**

**Check the appropriate condition(s) for which you are requesting a re-evaluation and provide the required documentation.**

□ **You, your spouse, or your parents earned money in 2016 but are presently not working and/or expecting to earn substantially less in 2017 or 2018.**

If change in earnings was due to termination of employment, please provide a **copy of termination letter** received from employer.

Period of Unemployment: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you receiving unemployment or workman’s compensation? \_\_\_Yes \_\_\_No

Amount received per month $\_\_\_\_\_\_\_\_

Please provide documentation.

If change in earnings was due to reduced income, please provide **documentation from employer of your adjusted income**.

□ **You, your spouse, or your parents received untaxed income or benefits in 2016 but have lost that income or benefit for 2017 or 2018. Please provide documentation as listed below:**

**\_\_\_\_ Social** Security Benefits: Provide Social Security Administration Notification of Termination of Benefits.

\_\_\_\_ Child Support: Provide court document stating termination of benefits.

\_\_\_\_ Workmen’s Compensation: Provide a letter from Bureau of Worker’s Compensation stating termination date of benefits.

□ **You or your parents paid unusually high medical expenses not covered by insurance in 2016 or 2017**.

Required documentation: Schedule A of 2016 Federal Tax Return and Statements/bills from physician and amount paid by you after insurance paid.

□ **You or your parents have gotten a divorce since they filed taxes in 2016**.

Date of Divorce **\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please provide copy of divorce degree and W-2s to document income earned

Dependent students should provide this information for your custodial parent

□ **Death of a parent or spouse**

Provide a copy of the Death Certificate

**Please provide the best possible estimates for the period of January 1, 2018 – December 31, 2018, unless your 2017 tax returns will/do reflect the change in income. (If using 2017 tax return-you do not have to fill out this chart)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected Income** | **Actual Earnings**  **As of the date of this request** | **Estimated Earnings from**  **Date of the request to 12/31/18** | **Actual Earnings**  **plus**  **Estimated Earnings** |
| Father’s income earned from work |  |  |  |
| Mother’s income earned from work |  |  |  |
| Student’s income earned from work |  |  |  |
| Spouse’s income earned from work |  |  |  |
| Other taxable income  (interest, pension, unemployment compensation, etc) |  |  |  |
| Other untaxed income  (child support, Social Security, Welfare benefits, worker’s compensation, etc) |  |  |  |
| Total Estimated Income |  |  |  |

Please read carefully:

**\*I certify that the information provided on this document is true and complete to the best of my knowledge. I also understand that if I give false or misleading information I may be subject to a $20,000 fine, a prison sentence, or both.**

If you are a dependent student, one parent must sign this form.

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**Student’s Signature Date Parent’s or Spouse’s Signature Date**

**For office use only: Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_**

**Please return completed form**

**And all required documentation to:**

**Office of Financial Aid**

**Box 4035**

**Clinton, MS 39056**

**FAX: 601.925.3950**

**Email: financialaid@mc.edu**