

Request for Professional Judgment

FINANCIAL AID OFFICE, COLBY COMMUNITY COLLEGE
1255 SOUTH RANGE
COLBY, KANSAS 67701

Federal law permits Financial Aid Administrators to exercise professional judgment when special conditions affect the ability of families and independent students to finance higher education in a way which is not reflected in the information gathered by the FAFSA. If one of the following conditions is true of you, check the item, supply the documentation which will support your condition, and detail the circumstances on an attached page. The information will be reviewed and processed on a case-by-case basis. There is no appeal beyond the Financial Aid Administrator and, if an adjustment is made, it is in effect only at this institution.

Name: _____

SS#: _____

- ___ My earnings or my parent's earnings will change significantly from the previous year.
___ **Supply** detail of previous income.
(A Federal Tax Return **TRANSCRIPT** (1040 Series) is usually best.)
___ **Supply** a detailed estimate of income for this academic year, with dates of change, amounts, etc.
___ **Supply** a copy of your resignation/termination letter, or a letter of understanding of reduced hours of employment from your employer.
___ **Supply** the most recent copy of your year-to-date pay-stub.

~~~~~

- \_\_\_ The amount of my Social Security Benefits was reported on the FAFSA. However, my Social Security benefits will cease when I reach the age of 18 or graduate from High School.  
\_\_\_ **Supply** a copy of the Social Security Administration notice that your benefits will cease.  
---OR---  
\_\_\_ **Supply** a signed statement that your benefits have ceased or will cease. The statement should include the date the last payment was, (or will be), made and the amount received each month while the benefits are, (or were), being paid.

~~~~~

- ___ My income or my parent's income for the base year was increased by a one-time disbursement from an Individual Retirement Account, back payment of Social Security benefits, sale of assets to pay a debt, etc.
___ **Supply** a signed copy of the affected person's federal tax return **transcript**, with all schedules and W-2 forms.
___ **Supply** detail on all current income, including sources, monthly amounts, etc.
___ **Supply** documentation as instructed by the financial aid office.

~~~~~

- \_\_\_ My family incurs medical expenses not covered by insurance.  
\_\_\_ **Supply** a copy of the federal tax returns with Schedule A attached.  
\_\_\_ **Supply** copies of canceled checks to confirm amounts paid.  
\_\_\_ **Supply** documentation which shows this was a required medical procedure.

- \_\_\_ My family maintains two households because of employment changes.  
 \_\_\_ **Supply** an itemized list of the expenses for the second household.  
 ~~~~~
- ___ My family has received a lump sum settlement of life insurance that is put into savings for retirement purposes.
 ___ **Supply** statements showing the amount invested.
 ~~~~~
- \_\_\_ My family contributes financial support to persons who are unable to adequately support themselves, such as parents in nursing care facilities or adult children who are unemployed.  
**These persons are not included as persons in the household on the FAFSA or exemptions on the Federal Tax Return.**  
 \_\_\_ **Supply** an itemized list of expenses paid on behalf of the person assisted. Be specific of the \_\_\_ year payments are made.  
 ~~~~~
- ___ My family has completed a Chapter 12 or Chapter 13 bankruptcy, or has gone through a foreclosure on an asset.
 ___ **Supply** copies of the official bankruptcy papers with the court ordered payment plans.
 ___ **Supply** details of your continuing payments made to the bank on the foreclosed asset.
 ~~~~~
- \_\_\_ My family is paying legal fees (divorce, death, adoption) that are not deductible on tax documents.  
 \_\_\_ **Supply** copies of canceled checks to confirm payment during the past and current year and/or a statement showing REQUIRED minimum payments due through the end of this academic year.  
 ~~~~~
- ___ My family is paying on educational loans such as Stafford, PLUS, SLS, or private student loans. (This is for other than the student involved.)
 ___ **Supply** representative copies of canceled checks or payment booklets, along with proof of who has been making the actual payments.
 ~~~~~
- \_\_\_ My parent or I am now divorced.  
 \_\_\_ **Supply** copies of the affected person's tax returns and W-2 forms.  
 ~~~~~
- ___ Other:

 ___ **Supply** documentation as instructed by the financial aid office.

I hereby request that the Financial Aid Administrator at Colby Community College perform a professional judgment review of my eligibility for Federal Student Aid, based on the condition(s) indicated above. A **separate sheet** is attached which details the conditions I have experienced which cause me to believe I may be eligible for a change in the type(s) of aid awarded.

I affirm that all information supplied in support of this request is accurate to the best of my knowledge.

 Signature Date