

2018-2019 Professional Judgment Application for Dependent Students

** PLEASE COMPLETE USING BLACK OR BLUE INK ONLY! **

Student Name				Student ID#	
	Last	First	MI		
Address					
	Street	City		State	Zip Code
Telephone ()	HGTC E-mail_			

This application is a request for a review of special circumstances that you feel may change your financial aid eligibility. The Financial Aid Office (FAO) requires that you provide certain documents to support your claims of special circumstances. The review process begins with an evaluation of the accuracy of the information you submitted on your Free Application for Federal Student Aid (FAFSA). The FAO will evaluate the documents you submit along with your FAFSA information to determine if you are eligible for any financial aid adjustments.

The U.S. Department of Education provides in the "Higher Education Amendments of 1998" a reaffirmation of the use of professional judgment in determining eligibility for federal financial aid. This provision allows for consideration of projected year income, rather than prior year income, to calculate a student's eligibility. If you meet a special circumstance requirement in the 2018-2019 award year, your eligibility may be recalculated using expected income for 2018.

THINGS TO REMEMBER:

- Student & parents must submit a 2016 federal tax transcript, including all schedules. The transcripts can be ordered from www.irs.gov or 800-908-9946. If your parents are married and filed separately, please provide transcripts for both returns.
- Student & parents must submit 2016 W-2s and/or 1099 forms with submission of this form.
- Complete and submit the 2018-19 Verification Worksheet.
- Your request will not be considered if the required information is not provided.
- Please allow 4 6 weeks for processing of this request.
- We recommend you complete your current award requirements & accept any current financial aid that you wish to use to satisfy your bill. Due to the nature of the Professional Judgment process your request may not be completed before the payment deadline. You must satisfy your semester bill even if your Professional Judgment application has not been reviewed or finalized. Your registration will be cancelled if your bill is not satisfied by the payment deadline.
- Applications submitted after January 1, 2019 must include copies of 2018 W-2's and or 1099 forms.
- Applications submitted after March 1, 2019 must include complete signed copies of 2018 federal tax returns with all schedules, 2018 W2-s and or 1099 form.
- All documentation must be submitted within 10 business days from the date of notification.
- Complete only the sections that apply to your situation and provide all required documentation.
- If additional information is required, you will be notified by our office.

Student Name			_Student ID
	Last	First MI	

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Step 1. Explanation of Your Special Circumstance

Student Name

Last

Provide a DETAILED LETTER of explanation of your current situation, explaining what you are asking us to consider, and what has changed financially between 2016 and 2018. Please remember to include applicable dates and any documentation supporting your circumstance. If sufficient documentation is not provided, the Professional Judgment Application will be denied due to the application being incomplete.

Step 2. Required for ALL Professional Judgments - Verif	fication information	on:		
☐ The 2018-19 Verification worksheet				
 □ A copy of your 2016 Federal tax transcript □ A copy of your parents 2016 Federal tax tr 			ha ardarad from	
www.irs.gov or by calling 800-908-9946)	anscripts and w2s.	(The transcripts can	be ordered from	
www.ns.gov of by caning 600 700 7740)				
Step 3. Information Required for Review of All Special C	ircumstances			
Expected 2018 taxable & nontaxable income & benefits:	Father	Mother	Student	
Expected 2018 income from work	\$	\$	\$	
Expected 2018 U.S. income tax to be paid	\$	\$	\$	
Expected 2018 unemployment benefits	\$	\$	\$	
Expected 2018 amounts from other taxable income & benefits	\$	\$	\$	
Expected 2018 amounts from untaxed income & benefits	\$	\$	\$	
A. Parental loss of employment for more than 10 consecutive. Name of person who is unemployed	Relationship weeks in 2018. ination/cessation o to-date statement for	to Student Required documenta f employment. or all 2018 employm	ent (parents &	
 Notice of application for themployment of Documentation of all other sources of stud 	_			
 Disability or natural disaster and unable to earn more and the Attending Doctor's statement of disability Notification of Worker's Compensation Documentation of employer disability pays Documentation of date disability or natural Documentation of Official Declaration of I 	ments I disaster resulted in	n termination of emp		

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First

_Student ID__

MI

B. Par	ental total loss of an untaxed inco	me or benefit. Do not incl	ude Veterans' education benefits.
	Loss of Disability benefit, Last Da	ate Received	Please provide the following:
	 Benefit provider's notific 	cation of loss of benefit	
			ent's & parent's 2018 earnings to date
	 Documentation of all oth 	er sources of student & par	ent income (taxable and non-taxable)
	Loss of Unemployment compensa	ation, Last Date Received_	
	 Submit notice of applicate to date 	tion for unemployment com	pensation and calendar year amount received
	Loss of Court Ordered Child Supp	oort, Last Date Received	
	 Submit Court documents 	verifying loss and the date	and conditions
C. You	have already filed your FAFSA	or Renewal FAFSA and, s	ince that time:
	Your parents separated or divorce	d. Date of separation/divorce	ee
	-	•	MM/DD/YY
	One of your parents has died. Date	e of DeathMM/I	DD/YY
	Required documentation:	141141/1	11
	 Copy of student's birth certification 	icate	
	 Copy of court documented se certificate or obituary 	paration or divorce decree/	settlement OR copy of parent's death
D. Oth	er:		
	 Submit a Letter of explanatio 	n regarding your particular	situation and documentation.
to the be		l that providing intentions an result in a fine of up to	
Print S	tudent's Name	Student Signature	Date
Studen	i ID		
Print P	arent's Name	Parent Signature	Date

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