



2010-2011
Professional Judgment Form
Request for Special Circumstances

Student Name _____ Social Security # _____

The purpose of this form is to assist you in requesting a review of your financial aid eligibility due to changes in circumstances not addressed on your original financial aid application (FAFSA).

Please review the "Special Circumstances" described below. If you, your spouse, or your parents meet one or more of these circumstances, answer all questions pertaining to the Special Circumstance(s), attach copies of the required documentation, and sign the Certification Statement before submitting the form to our office. **If not already submitted during verification, copies of the 2009 U.S. tax forms and all W-2's are required with this form.**

Note: Incomplete or inadequately documented forms will be returned to the student unprocessed.
Please allow three to six weeks for processing time.

Special Circumstances (answer all questions and attach required documentation)

1. **Reduction or Loss of Income or Benefits** For example, a reduction could include changes in wages, child support, disability, unemployment, etc. Report income due to lost wages only if the individual is not working, and not planning to work full-time for the remainder of 2010.

Please indicate to whom this change pertains: Student Spouse Mother Father

Please indicate whether this change is a result of: Reduction or Loss.

Effective date of reduction or loss ____/____/____

Reason for reduction or loss: _____

Type of income or benefit reduced or lost: _____

Estimate your 2010 projected earnings and/or other compensation below. Provide the appropriate documentation for each resource. Fill in amounts only pertaining to the individual with a change.

Income earned from work: \$ _____.

Unemployment compensation: \$ _____.

Child support received: \$ _____.

Other taxable income (such as, interest income, dividends, alimony, etc.):

Type _____ Amount \$ _____

Type _____ Amount \$ _____

Other untaxed income (such as, untaxed portions of pensions or IRA distributions, veterans non-education benefits, worker's compensation, disability, etc):

Type _____ Amount \$ _____

Type _____ Amount \$ _____

Required documentation:

- Copy of 2009 U.S. tax returns including and W-2's for the person with reduction or loss of income
- Copy of the termination or reduction letter
- Copy of paystubs or other documentation of income or benefit prior to the change
- Copy of divorce decree or property settlement indicating when child support and/or alimony ends.

- 2. Separation/Divorce or Death of a spouse/parent:**
Parent or student separated/divorced or deceased **after** you filed your 2010-2011 FAFSA.

Please indicate to whom this pertains: **parent** **student**

Date of separation/divorce or death ____/____/____

Complete current household information below:

Name	Age	Relationship to Student	College attending
1.			
2.			
3.			
4.			
5.			
6.			

Required documentation:

- Copy of 2009 U.S. tax forms and W-2's
- Copy of separation or divorce agreement or letter from attorney documenting that legal proceedings have begun (if applicable)
- Copy of death certificate, obituary notice or memorial program (if applicable)

- 3. Tuition Paid for a sibling/s enrolled in K-12 private school:**

Name of Sibling _____ Name of School Enrolled _____

Name of Sibling _____ Name of School Enrolled _____

Required documentation:

- Copy of Tuition Statement or Letter from the School indicating amount of private tuition paid from January 1, 2009 through December 31, 2009. If more than one sibling attends private school, documentation must reflect tuition paid for each student.

- 4. Unusual Medical/ Dental Expenses Paid:** Parent, student, or spouse has paid for unusual medical/dental expenses in 2009. Only medical or dental expenses **not** covered by insurance, **not** used toward a flexible spending account, and **not** included as a tax deduction may be counted.

Explanation of Unusual Medical/Dental Expense _____

Amount paid in 2009 \$ _____

Amount not covered by insurance or not used toward a flexible spending account in 2009 \$ _____

Required documentation:

- Copy of 2009 U.S. tax forms and W-2's
- Copy of Schedule A (if filed) from your 2009 federal tax return
- Copies of bills, insurance statements, and/or flex spending account, which verifies total amount listed above
- Copies of paid receipts or cancelled checks, which verifies total amount paid
- Written explanation of expenses on last page of this form

- 5. Other changes in income or family circumstances not reflected on your 2010-2011 FAFSA:** This may include 2009 income which was increased due to taking a one-time IRA withdrawal.

Required documentation:

- Copy of 2009 U.S. tax forms and W-2's
- Supporting documentation of changes
- Written explanation of changes on last page of this form

Use this space to describe your unusual circumstance in more detail. Attach an additional page if more space is necessary.

Certification Statement

All of the information provided by the undersigned is true and complete to the best of my/our knowledge. If asked by an authorized official, I/we agree to give proof of the information provided on this form. I/we realize that underestimating projected income could result in reduced eligibility, repayment of aid or both. I/we further understand that purposely giving false or misleading information to obtain student financial aid may subject me/us to fines or other penalties.

Everyone who has provided information on this form must sign below. The student (and at least one parent, if parental information is given) must sign below or this form will be returned unprocessed.

- ✓ I have answered all questions that apply to my circumstance(s).
- ✓ I have attached copies of all documentation requested.

Student signature _____

Date ____/____/____

Spouse signature _____
(if married)

Date ____/____/____

Parent signature _____
(if parental information given)

Date ____/____/____

Mail this form and all documentation to:
 Doane College
 Attn: Financial Aid Office
 1014 Boswell Ave
 Crete NE 68333

Office Use Only
 Approved/Denied _____
 New EFC _____
 Notification to Parents _____
 Y/N _____
 Date _____