



**STUDENT INFORMATION**

Last Name	First Name	M.I.	FHSU ID	
Street Address		City	State	Zip Code
E-mail Address			Phone Number	

**PLEASE READ before completing this form.** The Office of Student Financial Assistance at Fort Hays State University recognizes that there may be circumstances when the Free Application for Federal Student Aid (FAFSA) does not accurately reflect a family’s current financial situation. Professional judgment is the ability to change a student’s financial assistance based on unusual or special circumstances. Examples of possible circumstances are listed below; however, this list is not intended to be all-inclusive, as you may have a situation that is not categorized. Through the use of professional judgment, a financial aid administrator may be able to make adjustments to the student’s financial aid application which could result in a recalculation of the student’s eligibility. Professional Judgment Requests are reviewed after this form and all supporting documents are received. This review may take up to 45 days to complete. You will be notified of the result by email. A review does not guarantee an adjustment to your aid and may, in fact, result in a decrease in eligibility. You must have a completed FAFSA on file at FHSU before any adjustments can be considered. Adjustments made based on this request apply to aid eligibility at FHSU only.

**Requests for adjustments and all supporting documentation must be submitted prior to April 15, 2020.**

Processing will be suspended the two weeks prior to and the two weeks following the beginning of each semester.

**REQUIRED DOCUMENTATION FOR ALL PROFESSIONAL JUDGMENT REQUESTS**

In order to make adjustments to a student’s financial aid information, the following documentation must be submitted with this form. *Please include student’s name and social security or FHSU ID number on the top of each page submitted.*

- **Letter of Explanation-** Write a detailed description of the special circumstances that affect your financial situation.
- **Verification-** We will review your request once we receive your Professional Judgment worksheet. If you have not previously completed the verification process for 2019-2020, you will be required to provide additional verification documents. Please watch your Tiger Tracks account for the submit verification link, which will direct you to our verification website Campus Logic. Once you have created your account you will be directed to fill out or upload your required documents.

**CHECK EACH CIRCUMSTANCE AFFECTING YOUR FINANCIAL SITUATION.**

**Section A: Additional Documentation Required for Section A Requests** *Please include student’s name and social security or FHSU ID number on the top of each page submitted.*

- a signed copy of your **2018 Federal Income Tax Return(s)**, including schedules A, C, or F (if filed),
- all **2018 W-2 forms**, and
- **Any other specific documents** listed below for each circumstance. Additional documents may be requested as your file is reviewed.

**Dependent students:** submit this information for you and your parent(s)/step-parent.

**Independent students:** submit this information for you and your spouse (if married.)

\_\_\_\_\_ **1. Decrease in student/spouse income or parent income since 2017:** Submit letter from employer, final pay stub with year to date summary and documentation of other sources of income. Loss of job must have occurred at least 10 weeks prior to submitting this form. *(If submitting after December 31, 2019 must submit 2019 Federal Tax Return)*

*Must include estimated gross income for 2019 of person experiencing loss/reduction of income.*

**Dependent Student:** Father \$ \_\_\_\_\_ Mother \$ \_\_\_\_\_ Student \$ \_\_\_\_\_

**Independent Student:** Student \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

\_\_\_\_\_ **2. Divorce/separation:** Submit divorce decree/separation agreement if legally separated. (You do not have to be legally separated to apply.) Must include date of divorce/separation and be prior to January 1, 2020.

- \_\_\_\_\_ 3. **Death of student's parent or spouse:** Submit documentation such as death certificate or obituary showing date of death.
- \_\_\_\_\_ 4. **Received one-time income distribution (e.g., inheritance, moving expense allowance due to job relocation, back year social security payments, or IRA or pension distribution. If IRA or pension was rolled over in the full amount, select option in Section B.6.):** Provide documentation to identify the source of income and itemized statement of how that income was spent.
- \_\_\_\_\_ 5. **Legal Fees:** A family has paid legal fees (divorce, death, adoption) that are not deductible on a federal tax return. Include copies of canceled checks or statements of account to confirm amounts paid.
- \_\_\_\_\_ 6. **Excessive medical expenses not covered by insurance or Health Savings Accounts:** Include copies of the canceled checks or a statement of account to confirm amounts PAID. This does not include what you owe.  
 • Include Schedule A, if completed as part of your 2018 federal tax return.

**Section B:** If you are submitting a Professional Judgment Request for any of the circumstances in Section B, you do not need to submit a copy of your 2018 Federal Income Tax Return(s) or W-2 forms (unless specifically requested.) Additional documents may be requested as your file is reviewed.

- \_\_\_\_\_ 1. **Loss of benefit (e.g., loss of social security benefits or child support because the child turned 18):** Submit letter from Social Security Administration, or Form 1099 for reported tax year, or divorce decree that indicates when child support ends.
- \_\_\_\_\_ 2. **A family maintains two households (generally temporarily) because of employment changes:** Provide proof of utility bills, rent, and dates for second household.
- \_\_\_\_\_ 3. **Parent(s) enrolled** at least half time in a post-secondary school for the 2019-2020 school year in a program leading to a degree or certificate. If your parent(s) is enrolled at FHSU, please include that information, their name(s), and FHSU ID number(s) in your letter. **Submit with a copy of class schedule and PAID tuition statement if parent is not attending FHSU.**
- \_\_\_\_\_ 4. **Dependent care costs** paid for the care of a dependent family member (e.g., care for a child with special needs, a disabled or elderly family member): *Submit copies of costs for their care or itemized statement of expenses.*
- \_\_\_\_\_ 5. **Educational loan repayment:** Submit a copy of current statement or canceled checks showing most recent months of payments. *Can submit up to 12 most recent months of payment.*
- \_\_\_\_\_ 6. **IRA or Pension Rollover:** Must roll over entire amount. (If any distribution, select option 4 in Section A.) *Submit copy of 1099-R from original financial institution.*

**Section C:** If your circumstance is not listed in one of the categories above, please include a detailed description of the circumstance in your appeal letter. Additional documentation may be required.

- \_\_\_\_\_ 1. **Other** circumstance not included in any categories listed above in Section A or B.

**All Professional Judgment reviews and adjustments are at the discretion of the Financial Assistance Office.**

**Certification of Understanding:** The information I submit in support of this appeal is true and complete to the best of my knowledge. I agree to provide proof of all appeal information as indicated above. I understand that approval of this request does not assure approval of a similar future request and that any financial assistance offered is limited by the availability of funds in any given year. **I understand that the information provided in past appeals may be reviewed for accuracy and this can impact the outcome of this appeal. Further, the accuracy of the information I submit in this appeal can affect the outcome of any future appeals I may submit.** I also understand that if I purposely give false or misleading information, I may be fined, sent to prison, or both.

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent \_\_\_\_\_ Parent's E-mail (Optional) \_\_\_\_\_

Signature of Parent\* \_\_\_\_\_ Date: \_\_\_\_\_

\* Required for all dependent students.