

## 2012/2013 PROFESSIONAL JUDGMENT APPEAL FORM

The Fontbonne Financial Aid Office recognizes that students and their families may have extenuating financial circumstances that the standard needs analysis form (FAFSA) does not consider. Therefore, the Professional Judgment process is designed to review such circumstances and adjust your aid package accordingly.

### INSTRUCTIONS:

To request a review of your extenuating circumstances:

1. Complete and submit this form along with the required documents to the Financial Aid Office.
2. Submit you and your spouse's 2011 Federal Income Tax Transcript from the IRS.
3. Submit a copy of your parents' (if you are a dependent student) 2011 Federal Income Tax Transcripts from the IRS.
4. Submit copies of all 2011 W-2's from all employers.
5. Complete and submit a Verification Worksheet. This form is available to download from [www.fontbonne.edu/finaid](http://www.fontbonne.edu/finaid). You will need to click on the "Forms" link located in the right column and then choose either the "Dependent Verification Worksheet" (if you are a dependent student) or "Independent Verification Worksheet".

**Notice: Submission of a Professional Judgment Appeal Form does not guarantee a favorable change in your financial aid eligibility or award. Decisions of the Financial Aid Professional Judgment Appeals Committee are final. Standard evaluation and process time for the review takes 4-6 weeks.**

### Section I: Student Information

Last Name: \_\_\_\_\_ First Name : \_\_\_\_\_ MI: \_\_\_\_\_

ID Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Section II: Circumstances -

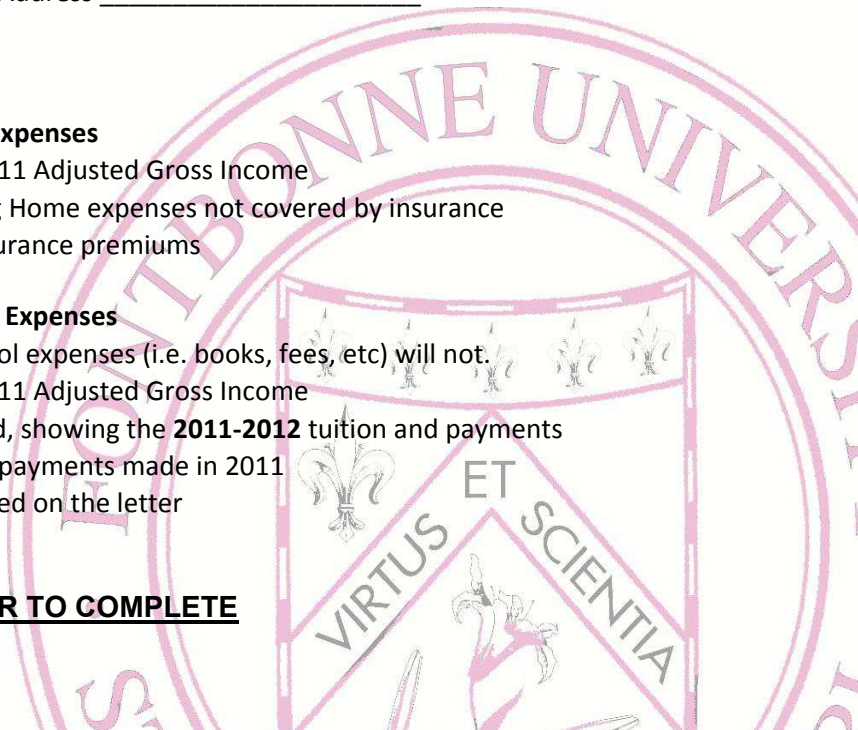
#### **Non-reimbursed Medical, Dental or Nursing Home Expenses**

- Expenses should be **at least** 10% of your 2011 Adjusted Gross Income
- Copies of paid Medical, Dental, and Nursing Home expenses not covered by insurance
- Copy of paid Dental and/or Health Care insurance premiums

#### **Private School Tuition (Pre K – 12<sup>th</sup> Grade)/Day Care Expenses**

- Only tuition will be considered. Other school expenses (i.e. books, fees, etc) will not.
- Expenses should be **at least** 10% of your 2011 Adjusted Gross Income
- Letter from the child's school, on letterhead, showing the **2011-2012** tuition and payments
- Letter from Day Care provider showing the payments made in 2011
- The student's name must be clearly identified on the letter

**TURN OVER TO COMPLETE**



Dependent student whose parents **DO NOT** support him or her and refuse to complete a FAFSA form.  
A student will only receive Unsubsidized Stafford Loans and will not qualify for any grant funding if your appeal is approved.

- Written statement from parent(s) acknowledging their refusal to file the FAFSA form
- Proof of separate residence for both parent and student (lease agreement or utility bills)

**Change in Employment Status (Lay off, Termination)\*\*You must submit all documents listed below.\*\***

- If unemployment has been for at least 6 consecutive months, income must have been reduced by 25%
- If unemployment is less than 6 consecutive months and there are no plans of new employment for another 6 months, income must have been reduced by 50%
- Letter from employer on company letterhead that includes the last date of employment
- Copy of your last paycheck stub
- Complete the section below

**Estimated 2012/2013 income (Annual amounts).**

Student's Income Earned from work: \$ \_\_\_\_\_  
 Spouse's Income Earned from work: \$ \_\_\_\_\_  
 Father/Mother's Income Earned from work \$ \_\_\_\_\_

**Other unusual circumstances not listed above**

- The change to the income must be at least 10% or more of the 2011 Adjusted Gross Income.
- The circumstance must be able to be documented in writing.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Certification: I (we) certify that all information reported on this form is complete and correct.\***

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Incomplete forms and forms submitted without required documentation will be returned.**

FOR OFFICE USE ONLY

New AGI Parent: \$ \_\_\_\_\_ New AGI Student: \$ \_\_\_\_\_ New AGI Spouse \$ \_\_\_\_\_

Professional Judgment approved: YES NO

Notes: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

