

Office of Financial Aid

2024-2025 Professional Judgment Dependent Student Application

Name _____ Banner ID _____
please print

Bravemail _____@bravemail.uncp.edu Phone _____

The Office of Financial Aid may use Professional Judgment (PJ) on a case-by-case basis only to adjust the student’s cost of attendance or the data used to calculate the student’s Estimated Family Contribution (EFC). The reason for the adjustment must be documented and submitted along with this application.

STEP ONE: Explanation of Special Circumstances

Provide a typed, detailed letter of explanation regarding your current situation that you are asking us to consider. 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 as the application will be incomplete.

STEP TWO: Explanation of Circumstances and Additional Required Documents

SITUATION (check the box for your situation)	REQUIRED DOCUMENTATION (check if included)
<input type="checkbox"/> Your parent(s) had a total loss of full-time employment for at least 10 weeks in 2023 or 2024. <input type="checkbox"/> Your parent(s) lost employment due to a disability or federally designated natural disaster for more than 10 consecutive weeks in 2023 or 2024. This situation must be a total loss of employment Name of person unemployed: _____ Their relationship to student: _____ Number of weeks unemployed in 2023 or 2024: _____	<input type="checkbox"/> Explanation of Situation Statement (Signed and Dated) <input type="checkbox"/> Copies of 2022 and 2023 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2022 and 2023 W-2 and 1099 forms <input type="checkbox"/> 2024-2025 Dependent Verification Worksheet <input type="checkbox"/> Employer’s written notice of termination of employment <input type="checkbox"/> Copies of most recent pay stubs for all 2024 employment <input type="checkbox"/> <i>Benefit Payment History</i> for all unemployment compensation <input type="checkbox"/> Document all others sources of income (taxed & untaxed) <u>In Addition (as applicable)</u> <input type="checkbox"/> Attending physician’s statement of disability <input type="checkbox"/> Document date disability/disaster caused unemployment <input type="checkbox"/> Documentation of employer disability payments <input type="checkbox"/> Documentation of Worker’s Compensation received <input type="checkbox"/> Document Official Declaration of Natural Disaster status
<input type="checkbox"/> Your parent(s) had a total loss of untaxed income. Benefit Lost: <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support Last Date Benefit Received: _____	<input type="checkbox"/> Explanation of Situation Statement (Signed and Dated) <input type="checkbox"/> Copies of 2022 and 2023 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2022 and 2023 W-2 and 1099 forms <input type="checkbox"/> 2024-2025 Dependent Verification Worksheet <input type="checkbox"/> Benefit provider’s notification of loss of benefit <input type="checkbox"/> Copies of most recent pay stubs for all 2024 earnings <input type="checkbox"/> Document all others sources of income (taxed & untaxed) <u>In Addition (as applicable)</u> <input type="checkbox"/> <i>Benefit Payment History</i> for all unemployment compensation <input type="checkbox"/> Court documents verifying date of loss of child support

<input type="checkbox"/> You have already filed your FAFSA and since that time: <ul style="list-style-type: none"> <input type="checkbox"/> Your parents separated/divorced. Date: _____ <input type="checkbox"/> Your parent has passed away. Date: _____ 	<input type="checkbox"/> Explanation of Situation Statement (Signed and Dated) <input type="checkbox"/> Copies of 2022 and 2023 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2022 and 2023 W-2 and 1099 forms <input type="checkbox"/> 2024-2025 Dependent Verification Worksheet <input type="checkbox"/> Copy of student's birth certificate In Addition (as applicable) <input type="checkbox"/> Copy of court documented separation/divorce <input type="checkbox"/> Copy of parent's death certificate or obituary
<input type="checkbox"/> Other Situations:	<input type="checkbox"/> Explanation of Situation Statement (Signed and Dated) <input type="checkbox"/> Copies of 2022 and 2023 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2022 and 2023 W-2 and 1099 forms <input type="checkbox"/> 2024-2025 Dependent Verification Worksheet <input type="checkbox"/> Any documentation to verify your situation above

STEP THREE: 2024 Projected year income and benefits.

Complete this section to the best of your ability to predict your 2024 income	Parent One	Parent Two
Expected 2024 income earned from work	\$	\$
Expected 2024 U.S. income tax to be paid	\$	\$
Expected 2024 unemployment benefits	\$	\$
Expected 2024 other taxable income and benefits type: _____	\$	\$
Expected 2024 untaxed income and benefits type: _____	\$	\$

By signing below, we certify that the information provided on this form is true and correct to the best of our knowledge. We understand that completing this form does not guarantee financial aid will be increased. We agree that, if requested, we will provide documentation to support the information provided on this form. We understand that failure to provide the requested information will result in denial of this application. We understand that this form does not guarantee a change in the amounts or types of financial aid awarded and that professional judgment decision may result in decreased eligibility for certain financial aid programs. The Office of Financial Aid will review all requests on a case by case basis and make adjustments if deemed appropriate. Finally, we understand that the financial aid administrator's decision is final and cannot be appealed.

 Student's Signature

 Date

 Parent's Signature

 Date

 Parent's E-mail address

 Parent Cell Phone Number