



2011-2012 PROFESSIONAL JUDGMENT APPLICATION FOR INDEPENDENT STUDENTS

Name _____ UNCP ID _____

please print

Address _____

Street

City

State

Zip

Cell Phone #

This application is a request for a review of special circumstances that you feel may change your financial aid eligibility. Professional Judgment refers to the school's authority to make adjustments to the data elements reported on the Free Application for Federal Student Aid FAFSA so that the Department of Education can recalculate the Expected Family Contribution (EFC). The EFC is the number that the school uses to determine a student's eligibility for need based financial aid. The school does not have the authority to make direct adjustments to the EFC and can only change data elements that may change the EFC.

The Office of Financial Aid Office (OFA) requires you to 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 (FASA). 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 or your parents meet a special circumstance requirement in the 2011-2012 award year, your eligibility may be recalculated.

Please Note

- Do not submit this form unless it is complete and all required documentation, signatures and requirements have been completed
- Incomplete Professional Judgment Applications will not be considered
- Complete Step One, Step Two and Step Three of this form
- Processing time for the Professional Judgment Application takes 4-6 weeks. Submission of the Professional Judgment Application in no way guarantees an adjustment to the student's financial aid and does not waive payment deadline dates. We recommend that the student complete all current award requirements and accept any financial aid that the student wishes to use pay his/her bill.

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 due to the application being incomplete.

STEP TWO: Projected Year Income

Complete this section to the best of your ability to predict your 2011 income	Student	Spouse
Expected 2011 income earned from work	\$	\$
Expected 2011 U.S. income tax to be paid	\$	\$
Expected 2011 unemployment benefits	\$	\$
Expected 2011 other taxable income and benefits type: _____	\$	\$
Expected 2011 untaxed income and benefits type: _____	\$	\$

STEP THREE: Explanation of Circumstances and Additional Required Documents

SITUATION (check the box for your situation)	REQUIRED DOCUMENTATION (check if included)
<input type="checkbox"/> You were employed full-time (at least 35 hours per week) for at least 30 weeks in 2010, but are not working full-time now. <input type="checkbox"/> Your spouse was employed full-time (at least 35 hours per week) for at least 30 weeks in 2010 but lost employment for at least 10 consecutive weeks and is not working full-time now. <input type="checkbox"/> You or your spouse lost employment due to a disability or federally designated natural disaster for more than 10 consecutive weeks in 2010/2011. This situation must be a total loss of employment Number of weeks unemployed in 2010/2011: _____	<ul style="list-style-type: none"> — Complete signed copy of 2010 Federal Tax Returns — Copies of all 2010 W-2 and 1099 forms — 2011-2012 Independent Verification Worksheet — Employer’s written notice of termination of employment — Copies of most recent pay stubs for all 2011 employment — Document all unemployment benefits & amount received — Document all others sources of income (taxed & untaxed) <p><u>In Addition (as applicable)</u></p> <ul style="list-style-type: none"> — Attending physician’s statement of disability — Document date disability/disaster caused unemployment — Documentation of employer disability payments — Documentation of Worker’s Compensation received — Document Official Declaration of Natural Disaster status
<input type="checkbox"/> You or your spouse had a total loss of untaxed income or benefit. Benefit Lost: — Unemployment — Social Security — Child Support Last Date Benefit Received: _____	<ul style="list-style-type: none"> — Complete signed copy of 2010 Federal Tax Returns — Copies of all 2010 W-2 and 1099 forms — 2011-2012 Independent Verification Worksheet — Benefit provider’s notification of loss of benefit — Copies of most recent pay stubs for all 2011 earnings — Document all others sources of income (taxed & untaxed) <p><u>In Addition (as applicable)</u></p> <ul style="list-style-type: none"> — Document unemployment benefits & amount received — Court documents verifying date of loss of child support
<input type="checkbox"/> You have already filed your FAFSA and since that time: — You have separated/divorced. Date: _____ — Your spouse has passed away. Date: _____	<ul style="list-style-type: none"> — Complete signed copy of 2010 Federal Tax Returns — Copies of all 2010 W-2 and 1099 forms — 2011-2012 Independent Verification Worksheet <p><u>In Addition (as applicable)</u></p> <ul style="list-style-type: none"> — Copy of court documented separation/divorce decree — Copy of spouse’s death certificate or obituary
<input type="checkbox"/> Other:	<ul style="list-style-type: none"> — Complete signed copy of 2010 Federal Tax Returns — Copies of all 2010 W-2 and 1099 forms — 2011-2012 Independent Verification Worksheet — Letter of explanation regarding your situation

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. The Office of Financial Aid reserves the right to review all requests on a case by case basis and make adjustments if deemed appropriate. Further, we understand that this decision can be appealed to only the Vice Chancellor for Enrollment Management at UNCP.

Student’s Signature

Date

Spouse’s Signature (if applicable)

Date