2016 - 2017

Professional Judgment Appeal

| Student DOB | A B B B B B B B B B B B B B B B B B B B |
|---|---|
| Parent(s) Name | |
| Parent Email | 1899 |
| our students and their families. Through the use of Prof adjustments to your FAFSA which <u>could</u> result in a recalc Professional Judgment cases are subject to a review and | are not guaranteed to result in any additional financial aid. processed with the understanding that it is the responsibility of de available to them. |
| circumstance to see if further action is required. If you I finaid@etown.edu or (717) 361-1404. | |
| • | not covered by insurance and were paid for out of pocket. DO miums. Please provide your 2015 taxes and Schedule A. |
| school. Please provide all supporting document inserted into your calculation. • Please indicate total amount here \$ | |
| Please indicate names and ages of students for w Student name | |
| Student name | |

Parent name

☐ Parent in college at least half time in a degree-seeking program. Please provide all supporting documentation.

School name Name of Certificate/Degree program _____

Fall 2015 credits ____ Spring 2016 credits _ Total Cost (Tuition/Fees) \$____

☐ Child Support received that will end in 2016

If you indicated an amount of child support received in 2015 on the FAFSA, and this support will end in 2016, please indicate the date this will occur:

☐ Lump sum distribution or non-recurring income in 2015 has inflated your Adjusted Gross Income

- Please indicate amount here \$
- Along with this form, please also submit copies of your 2015 IRS Tax Return Transcript, an itemized statement detailing how this additional income was spent, and a 1099-R if applicable.
- Please note that in some cases, not all distributions or non-recurring income are able to be removed under Professional Judgment. Your counselor will evaluate your request to determine if Professional Judgment is able to be exercised. Please also note that in most cases, students are only able to apply for this option once during the student's tenure at Elizabethtown.

| Decrease in Parent(s) Income in 2016 as a reduction. • All supporting documentation including: • Signed and dated letter on compa January 1, 2015 through last date • Copy of last pay stub • Documentation of severance/benders and severance are statement of expected 2016 wages • Along with the above forms, please submit as | ny letterhead from emp of employment efits/unemployment co es (use below section) | mpensation | |
|---|--|-------------|------------------------------|
| EXPECTED 2016 INCOME | STUDENT | PARENT 1 | PARENT 2 |
| Expected Earned From Work | \$ | \$ | \$ |
| Other Income (Unemployment, Workman's Comp, etc.) | \$ | \$ | \$ |
| Total Expected 2016 Income | \$ | \$ | \$ |
| | | | |
| | | | |
| ification Statement: I certify that the information proested, I agree to submit additional proof or documentation | | - | the best of my knowledge. If |
| | on of the information lis | - | |
| ested, I agree to submit additional proof or documentation | on of the information lis | sted above. | _ |

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