ETOWN
ELIZABETHTOWN COLLEGE
Financial Aid

2027-2028 Professional Judgment Appeal Form

Student's Printed Name _____

Student's ID# _____

Elizabethtown College recognizes that standard financial aid forms do not always capture the full financial profile of our students and their families. Circumstances include (but are not limited to): death, financial losses linked to natural disaster not covered by insurance, significant medical or dental out of pocket changes not covered by insurance, one-time income shown on your 2025 IRS 1040 tax return, losses of income beyond control of the family, and marital status changes.

Please note, you must complete a 2027-28 FAFSA for a Professional Judgment Appeal.

You Must Provide:

1. A signed cover letter noting specific dates of each circumstance and the cost associated with the circumstance.
2. This form, completed in its entirety, along with signatures of all parties and dates.
3. Documentation supporting all circumstances included in your cover letter.

Upload your completed form and any supporting documentation on the Secure Document Upload Site.

These documents are required, and the appeal will not be reviewed until all items listed above are received. Please note, the Office of Financial Aid will notify you of its decision by email sent to your Etown email address.

Examples of Routinely Provided Documentation

- Unemployment benefits statement
- Termination notice; Severance benefits letter
- Memo/letter from employer regarding change or reduction in employment
- Physician's disability statement
- Divorce Decree; Separation; Proof of separate residences
- Court statements regarding termination of child support
- Social Security benefits termination notice
- Death certificate
- IRS 1040s displaying the loss of income or one-time payment
- Copies of paid bills associated with primary home repairs after a natural disaster
- Paid medical/dental bills (not covered by insurance)
- W-2s

Part 1: Please check below all circumstances that apply to your family.

☐ 1. My family experienced a change in employment status during 2025, 2026, or 2027.

☐ 2. My family experienced separation or divorce after the 2027-2028 FAFSA was signed.

☐ 3. My family paid medical/dental expenses not covered by insurance that were 11% or more than our AGI in 2025 or 2026.

☐ 4. My parent or spouse died after I signed the 2027-2028 FAFSA.

☐ 5. My family experienced a loss of income associated with a natural disaster in 2025, 2026 or 2027.

☐ 6. I have an unusual circumstance (does **not** include parents' refusal to contribute to student education, unwillingness to provide information on the FAFSA, parents do not claim student as a dependent on taxes, or student is self-supporting)– *In rare instances such as abuse, abandonment, or neglect for Homeless Youth or At-Risk Homeless Youth Determination, please see the Dependency Verification Form.*

☐ 7. Other circumstances not noted above. Please provide a detailed explanation in your cover letter (i.e. Lump sum distribution; Rollover; child support received ended/reduced; Tuition payments for private K-12th grade; custodial parent who is incarcerated).

Part 2: Enter Income Information

Provide **estimates** of expected income **OR** provide the actual income.
Include copies of tax return(s) and **three** most recent paystub. (Enter $0 if item does not apply.)

☐ 2027 Income ☐ 2026 Income ☐ 2025 Income

Parent 1/ Stepparent 1 Income from Work: _____

Parent 2/ Stepparent 2 Income from Work: _____

Student's Income from Work: _____

Student's Spouse Income from Work: _____

Other Taxable Income: _____ Source: _____

Other Untaxed Income: _____ Source: _____

Certification Statement (Parent AND Student)

I certify that the information provided on this form is complete and accurate to the best of my knowledge. If requested, I agree to submit additional proof or documentation of the information listed above. We acknowledge that failure to provide appropriate documentation will result in the College's inability to consider this request for additional aid eligibility.
*__Parent signature not required for unusual circumstances.__

PARENT's Signature _____ Date _____
STUDENT's Signature _____ Date _____

Please contact the Office of Financial Aid with any questions or concerns, 717-361-1404 or finaid@etown.edu.