

2018-2019

## Professional Judgment Appeal



Student Name \_\_\_\_\_

Student DOB \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Parent Email \_\_\_\_\_

Elizabethtown College recognizes that standard financial aid forms do not always capture the full financial profile of our students and their families. Through the use of Professional Judgment, the Financial Aid Office may be able to make adjustments to your FAFSA which could result in a recalculation of aid eligibility at Elizabethtown College. All Professional Judgment cases are subject to a review and are not guaranteed to result in any additional financial aid. Please note that Professional Judgment requests will be processed with the understanding that it is the responsibility of the student to utilize all federal financial aid sources made available to them.

Please review the options below and check all circumstances that apply and submit all required documents. If you have questions do not hesitate to contact our office at [finaid@etown.edu](mailto:finaid@etown.edu) or (717) 361-1404.

**Major medical expenses that were not covered by insurance and were paid for out of pocket**

- DO NOT include payments for health insurance premiums. Expenses must be above 11% of AGI.
- **REQUIRED DOCUMENTS:**
  - Itemized list of medical expenses not covered by insurance and paid out of pocket.
  - 2016 Tax Transcript and Schedule A.
  - Proof of payment.

**Tuition payments made for elementary/secondary costs for dependent children attending private school**

- **REQUIRED DOCUMENTS:**
  - Please provide proof of payment
  - Age(s) of dependent children: \_\_\_\_\_
  - Name(s) of dependent children: \_\_\_\_\_

**Parent in college at least half time in a degree-seeking program**

- **REQUIRED DOCUMENTS:**
  - Proof of enrollment.
  - Proof of tuition payment

**Child Support received has ended**

- **REQUIRED DOCUMENTS:**

If you indicated an amount of child support received in 2016 on the FAFSA, and this support ended after 2016, please indicate the date this occurred: \_\_\_\_\_

**Lump sum distribution or non-recurring income in 2016 has inflated your Adjusted Gross Income**

- Please note that in some cases, not all distributions or non-recurring income can be removed under Professional Judgment. Your counselor will evaluate your request to determine if Professional Judgment can 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.
- **REQUIRED DOCUMENTS:**
  - Please indicate amount here \$ \_\_\_\_\_
  - Copies of your 2016 IRS Tax Return Transcript, an itemized statement detailing how this additional income was spent, and a 1099-R if applicable.

**Divorce or Separation**

- **REQUIRED DOCUMENTS:**

- Copy of separation, divorce decree or copy of mortgage/lease proving separate residences
- Copy of W2(s) and 2016 IRS Tax Transcript if taxes were filed jointly

**Decrease in Parent(s) and/or Student’s Income after January 1, 2017, as a result of job loss, retirement, death/disability, or other wage reduction**

- **REQUIRED DOCUMENTS:**

- PLEASE COMPLETE CHART BELOW:

EXPECTED 2017 or 2018 INCOME ( <b>circle year</b> )	STUDENT	PARENT 1	PARENT 2
Expected Earned From Work	\$	\$	\$
Other Income (Unemployment, Workman’s Comp, etc.)	\$	\$	\$
Total Expected 2017 or 2018 Income	\$	\$	\$

- Signed and dated letter on company letterhead from employer listing last date of employment, total earnings from January 1, 2017 through last date of employment.
- Copy of last pay stub.
- Documentation of severance/benefits/unemployment compensation.
- Copy of your 2016 and/or 2017 IRS Tax Return Transcript and w2(s).
- All supporting documentation.

**Other special or unusual circumstance(s)**

- If your concern is not covered in any of the above options, please give us a brief summary below of your concern. Your counselor will evaluate the request to determine if further action is possible. Attach a separate page if more space is needed.

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**Certification Statement:** 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.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this signed form, along with all required supplemental documentation, to the Elizabethtown College Financial Aid Office. You may return it via U.S. mail, fax, or scan/email to our email address.

Financial Aid Office  
 Elizabethtown College  
 One Alpha Drive  
 Elizabethtown, PA 17022  
 Fax: (717) 361-1514  
 Email: [finaid@etown.edu](mailto:finaid@etown.edu)