



FINANCIAL AID OFFICE

411 CENTRAL AVENUE • SALINAS, CA 93901 • (831)755-6806 • FAX (831) 759-6014

STUDENT

2011-2012 Professional Judgement Form

STUDENT ID# _____

STUDENT NAME _____ SSN _____

ADDRESS _____

PHONE NO. _____ DATE _____

Your Estimated Family Contribution (EFC), the amount you, and your spouse if married, are expected to contribute toward your cost of education is based on a standardized need-analysis formula established by Congress. You have indicated that the information you provided on your Free Application for Federal Student Aid (FAFSA) does not accurately reflect your current financial situation. This form allows you to request a review of your extraordinary circumstance not addressed on your 2011-2012 FAFSA.

BEFORE YOU BEGIN

Please note that if you have not completed a FAFSA for 2011-2012, this form will not be accepted. A FAFSA must be completed, and the student's financial aid award must be determined, before the Financial Aid Office can evaluate this form.

I am requesting consideration of Special Circumstances due to Income Reduction regarding (check all that apply and fill in appropriate section):

- _____ **A. Loss of employment or other income due to layoff or forced reduction in hours**
- _____ **B. Loss of Income due to divorce or legal separation**
- _____ **C. Loss of income due to death of spouse**
- _____ **D. Loss of one-time income**
- _____ **E. Medical Care Expenses**

A. Change in Income: Loss of job or other income in 2011

1. Attach all of the following:

- Letter of explanation. Please explain in detail how your income was changed in 2011.
- Complete a 2011-2012 Verification Worksheet (Dependent or Independent) and attach a copy of you and/or your spouse's 2010 Federal Income Tax Return and Asset Information Worksheet. Check here if already on file. Date and initial _____.
- Photocopy of your most recent pay stub and/or your W-2 statement for 2011.
- Letter from your current and/or previous employer verifying your total expected 2011 gross earnings, and the date(s) employment began and ended (if applicable).
- Complete all items listed below. Include all student and/or spouse's 2011 income to date and expected income for the remainder of 2011.

TYPE FO INCOME:		TOTAL:
Estimated 2011 gross income from work: Provide annual amounts.	Student	\$
	Spouse	\$
Estimated other 2011 taxable income: Provide annual amounts.	Unemployment compensation	\$
	Capital gains	\$
	Dividend/interest income	\$
	Other:	\$
Estimated 2011 untaxed income: Provide annual amounts.	Workman's Compensation	\$
	Untaxed Pensions	\$
	Child Support Received	\$
	Other	\$
GRAND TOTAL		\$

B. Divorce/Separation: which occurred after the 2011-2012 FAFSA was completed.

1. Complete Section A, Change in Income.
2. Complete a 2011-2012 Verification Worksheet (Dependent or Independent) and attach a copy of you and/or your spouse's 2010 Federal Income Tax Return and Asset Information Worksheet. Check here if already on file.
Date and initial _____.
3. Indicate the date of separation or divorce: _____.
4. Attach a photocopy of your Divorce Decree or Statement of Separation (if available).

C. Death of Spouse: Which occurred after the 2011-2012 FAFSA was completed.

1. Complete Section A, Change in Income.
2. Attach a photocopy of your spouse's Death Certificate.
3. Complete a 2011-2012 Verification Worksheet (Dependent or Independent) and attach a copy of you and/or your spouse's 2010 Federal Income Tax Return and Asset Information Worksheet. Check here if already on file.
Date and initial _____.

D. Student/Spouse's Loss of One-Time Income (January-December 2011)

1. Complete a 2011-2012 Verification Worksheet (Dependent or Independent) and attach a copy of you and/or your spouse's 2010 Federal Income Tax Return and Asset Information Worksheet. Check here if already on file.
Date and initial _____.
2. Letter of explanation detailing the nature of the one-time income (amount received, why it is one-time, etc.).

E. Medical care expenses

We will only consider expenses already PAID directly by you and/or spouse (*if applicable) . Unusual or unexpected medical expenses must be over and above typical health maintenance cost due to an unexpected, extraordinary, on non-recurring emergency or incident. We assume that you will have medical coverage and only those costs not covered by insurance or other agencies will be considered. **Expenses must be at least \$1000 or 7.5% of your adjusted gross income, whichever is less.**

1. A statement from physician that documents an unusual medical condition or disability.
2. Copies of receipts or canceled checks must accompany billing statements for all appropriate bills. Billing statements must clearly indicate portions that have been paid by your insurance or other agency.
3. Complete a 2011-2012 Verification Worksheet (Dependent or Independent) and attach a copy of you and/or your spouse's 2010 Federal Income Tax Return and Asset Information Worksheet. Check here if already on file.
Date and initial _____.

CERTIFICATION

I/we certify that the information and documentation provided is true and correct I/we understand that income or expenses not documented will not be considered. I/we further understand that if this appeal is based on projected year income, I/we may, at some point, be required to provide additional information to confirm projected-year income. I/we also understand that if 2010 actual income varies from the 2011 projected income, the financial aid award may be adjusted and I/we may be responsible for repaying any overpayment of aid received. I/we understand that this is an appeal for consideration and submission does not constitute and/or guarantee approval.

Student Signature _____ Date _____

Spouse Signature _____ Date _____

For Office Use Only: Approved _____ Denied _____ Pending _____ Received by _____

EC Processed _____ New EFC _____ Old EFC _____

All applications for financial assistance programs; i.e., student loans, work Compensation, grants, scholarships, special funds, subsidies, prizes, etc., will be considered by the Hartnell College District / Local School District without regard to race, color, national origin, gender, marital status or disability. Harassment of any employee/student with regard to race, color, national origin, gender, marital status or disability is strictly prohibited.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.