



## Office of Financial Aid

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for campus contact info



### 2016-2017 Request for Professional Judgment Review

This form is used to re-evaluate your eligibility for 2016-2017 financial aid based on significant changes to your or your parent's financial circumstances. We will act on your request for a re-evaluation only after receiving supporting documentation which confirms the circumstance(s). Please be aware that a re-evaluation does not guarantee an increase in your financial assistance. You must explain your circumstances in detail on this form and attach documentation confirming the situation. **If the explanation and required documentation are not provided, the request will be denied.**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Parent/Spouse Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please check the reason which best applies to your request for Professional Judgment.** Examples of documentation are listed below for common Professional Judgment reasons; **however additional information may also be requested from you. All statements must be signed.**

☐ **Loss/Reduction of Employment** Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of person out of work \_\_\_\_\_

Provide a copy of unemployment benefits approval showing weeks and amount approved for or statement of ineligibility.

Provide documentation of severance (if applicable)

Provide separation notice, final pay stubs and any current pay stub

☐ **Retirement/Military Discharge** Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Letter from employer (DD214, Member-4 copy for military discharge)

Verification of taxable Social Security Benefits, if applicable

Verification of retirement benefits if applicable

☐ **Loss of Other Income or Benefits** Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provide 2nd party documentation of the termination of benefits (loss of child support, alimony, Retirement Disability, Unemployment etc.)

☐ **Excessive Medical Bills/Insurance Premiums Paid in 2015 after taxes were filed (exceeds 7.5% of total income)**

Copy of all **paid** receipts for medical/dental expenses (not insurance statements, but actual receipts showing amounts paid – you can request summaries of payments made from your pharmacy and/or hospital.)

☐ **Death of a Parent or Spouse** Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Copy of Death Certificate

Copy of Student's Birth Certificate

☐ **Divorce/Separation** Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Copy of divorce decree or verification of filing for divorce (proof of separate households, i.e., utility bills or lease agreement)

Copy of 2015 W-2 forms if joint tax return was filed, a copy of the federal return with each line of income noted as "mine" "his/hers" or "both," and a copy of the IRS Tax Return Transcript from [www.irs.gov](http://www.irs.gov).

☐ **Other** \_\_\_\_\_

Please include a letter explaining your circumstances

Include appropriate documentation (contact our office if you are unsure of what type of documentation to provide)

STUDENT NAME: \_\_\_\_\_

Student ID: \_\_\_\_\_

List all income or benefits you expect to receive between January 1, 2016 and December 31, 2016. If a type of assistance does not apply to you, put \$0 on the line. **DO NOT LEAVE ANY BLANKS.** Report **TOTAL** amount expected for 2016. **DO NOT report monthly amounts.**

<b>2016 Estimated Taxed Income:</b>	<b>Student/Parent 1</b>	<b>Spouse/Parent 2</b>
<b>Total Wages</b> (include partial year amounts if parent is no longer employed but worked for part of 2015)	\$	\$
<b>Unemployment Benefits</b>	\$	\$
<b>Pension/Annuity/Retirement Benefits in 2015</b>	\$	\$
<b>Taxable Social Security Benefits</b> (do not include untaxed amounts)	\$	\$
<b>Alimony/Spousal Support</b>	\$	\$
<b>Insurance Benefits</b>	\$	\$
<b>Military or Clergy Housing/Food Allowances</b>	\$	\$
<b>Other</b> (Such as Rent Received or Capital Gain, found on federal tax return.) Please list sources.	\$	\$

<b>2016 Estimated Untaxed Income:</b>	<b>Student/Parent 1</b>	<b>Spouse/Parent 2</b>
<b>Worker's Compensation</b>	\$	\$
<b>Child support Received</b> (include total to be received for all children in 2016 as well as partial year amounts if benefits will stop or be reduced during the year)	\$	\$
<b>Retirement/Disability Benefits/Social Security received in 2015 (Do not include Social Security Disability Income-SSDI)</b>	\$	\$
<b>Veteran Benefits in 2015</b>	\$	\$
<b>Other untaxed income not elsewhere listed</b>	\$	\$

**EXPLANATION OF CIRCUMSTANCES:** (Attach additional paper as necessary):

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#### DOCUMENTATION AND CERTIFICATION

Attach a **signed** photocopy of your and your parents'/spouse's 2015 **federal** tax transcripts, include all W-2's and schedules. To the best of my knowledge, all of the information on this form is true and complete. If asked by the Financial Aid Office, I agree to provide additional proof of the information given on this form. If this form is incomplete or lacks the required documentation, no action will be taken.

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

\_\_\_\_\_  
Parent/Spouse Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Return your complete form to the financial aid office at the campus you attend.**