

2017-2018 Request for Consideration of Special Circumstances

Student Name: _____ ID: _____

Sometimes families experience special circumstances which merit recalculation of their financial aid eligibility based on the 2016 or the 2017 financial information rather than the federally required 2015 information. This form is designed to document those situations for review by the Office of Financial Aid. Please be advised that all professional judgment appeal decisions are **final**.

Instructions:

To request a review of your extenuating financial circumstances

1. Complete and send 2017-2018 FAFSA application.
2. Complete and submit this *Professional Judgment Appeal Form* to the Financial Aid Office.
3. Complete and submit 2017-2018 *Dependent Student Verification Worksheet* if you are a dependent student.
4. Complete and submit the 2017-2018 *Independent Student Verification Worksheet* if you are an independent student.
5. Submit a signed copy of parents' 2015 federal tax transcript if you are a dependent student.
6. Submit signed copy of students'/spouses' (if married) 2015 federal tax transcript if you are an independent student or a signed copy of student's income 2015 federal tax transcript if you are a dependent student .

Circumstances:

Please check [] the box beside the circumstances that apply to your situation and submit the necessary paperwork.

Separation from Employment due to Layoff, Termination, or Disability for at least 10 weeks in 2015 or 2016.

- * Letter from employer on company's letterhead including last date of employment
- * Unemployment benefits determination document
- * Documentation of year-to-date income for 2017 (last pay stub, severance pay, SSI benefits) and a 2016 Tax Return Transcript

[] **Excessive non-reimbursed medical and/or dental expenses**

- * Documentation of non-reimbursed medical and/or dental expenses
- * Canceled checks verifying payments made in 2016
- * Copy of Schedule A from 2015 Federal Income Tax Return

[] **Loss or Reduction of Untaxed Income Source**

- * Copy of Notification of benefits reduction/termination, including the effective date
- * Documentation of 2016 income/benefits
- * Documentation of expected 2017 income/benefits (taxable and non-taxable)

[] **Separation or Divorce which occurred after applying for financial aid**

- * Copy of court order, final divorce decree or legal separation agreement

[] **Death of a parent (or spouse) which occurred after applying for financial aid**

- * Copy of death certificate

[] **Other Unusual Circumstances**

- * A signed, dated letter explaining the situation
- * Any additional documentation you want the Financial Aid Administrator to consider

[] **One-Time Income and/or One-Time Difference in Earnings between 2015 vs 2016**

- * A signed, dated letter explaining the situation
- * A signed copy of your 2015 Federal Tax Return Transcript and a signed 2016 Tax Return.

(Continued On Reverse Side)

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Statement of Projected 2017 Income (annual amounts only):

This section asks about income & benefits that you & your family expect to receive between January 1, 2017 and December 31, 2017. **Please note if a question does not apply to you or if you do not expect any income from that source, write in "0"**. Provide your best estimate for the remainder of the year.

Taxable Income	Income Earned from Jan 1, 2017 until now	Total Projected Income for the entire 2017 year
Father's earnings	\$	\$
Mother's earnings	\$	\$
Student's earnings	\$	\$
Spouse's earnings	\$	\$
Untaxed Income		
Social Security Benefits	\$	\$
Child Support Received	\$	\$
Public Assistance	\$	\$
Other Untaxed Income (workman's compensation, VA non-educational benefits, cash support, etc.)	\$	\$

Certification:

I/we certify that the information provided on this form is complete and accurate to the best of my/our knowledge. I/we agree to provide more detailed documentation if required. If additional changes occur during the 2017-2018 academic year that would alter the information provided on this form, I/we will immediately contact the Office of Financial Aid at Rose-Hulman. **One parent signature is required if you are a dependent student.**

I / We understand that failure to provide the required documentation will result in a denial of this appeal.

Student's signature **Date**

Parent's Signature **Date**

Parent's email address

Submit this worksheet to:
Rose-Hulman Institute of Technology
Financial Aid Office
5500 Wabash Ave
Terre Haute, IN 47803
 Fax: 812-877-8838
 Email: finaid@rose-hulman.edu

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