



Independent Professional Judgement Application & Instructions

I am completing a Professional Judgement for the term(s): Fall 20 _____ Spring 20 _____ Summer 20 _____

Student's Name	Social Security Number or KWU Student ID#	Date
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List the people in your household. **Include:**

- Yourself, and your spouse if you have one, **and**
- Your children, if you will provide more than half of their support between July 1st and June 30th of the current academic year, **and**
- Other people **if they currently live with you**, and you provide more than half of their support and will continue to provide more than half of their support between July 1st and June 30th of the current academic year.

*****If you need more space, please attach a sheet with additional family members listed.*****

Full Name	Age	Relationship to Student	College attending (current year)	Enrolled at Least Half Time (Y/N)
		Self	Kansas Wesleyan University	

Office Use Only:	#		#	Initials
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Instructions:

- 1) Determine which condition(s) is/are applicable to your situation:
 - a- Medical, dental, or nursing home expenses greater than 11% of income
 - b- Private Elementary/Secondary tuition paid
 - c- Loss of Income or unemployment
 - d- One Time Payment Received in required FAFSA tax Year and will not be received in the current academic year
 - e- Unusually high dependent or childcare costs
 - f- Other
- 2) Complete the form.
- 3) Attach documentation supporting circumstances.
- 4) Submit to the Office of Financial Aid.

A. /E. Unusual Expenses incurred/expected in current academic year:

What was the reason/cause of the expense?

Attach documentation of the amount and date of the Unusual Expense.

B. Private Elementary/Secondary tuition paid:

Attach documentation of the following:

- Of the amount paid in FAFSA required tax year or in the current year (e.g. receipts or statement of account from school)
- Of the amount paid in FAFSA required tax year or expected to be paid in the current year (e.g. receipts or account statement from school)

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Student's Name _____ Social Security Number or KWU Student ID# _____ Date _____

C. Loss of /Reduction in income for current academic year that was received in the required FAFSA tax year:

	Required FAFSA tax year (Total)	12 Month Period From: Mo ____ Yr ____ - Mo ____ Yr ____
Student Wages, Salaries, Tips and any income from work	\$ _____	\$ _____
Student's Spouse Wages, Salaries, Tips & income from work	\$ _____	\$ _____
Student Disability Benefits	\$ _____	\$ _____
Student's Spouse Disability Benefits	\$ _____	\$ _____
Student Pension and/or Social Security Benefits	\$ _____	\$ _____
Student's Spouse Pension and/or Social Security Benefits	\$ _____	\$ _____
Student Child Support Received	\$ _____	\$ _____
Student's Spouse Child Support Received	\$ _____	\$ _____
Student Other Income (Source _____)	\$ _____	\$ _____
Student's Spouse Other Income (Source _____)	\$ _____	\$ _____
Total Income	\$ _____	\$ _____

What was the cause of the loss of income detailed above? (i.e. Unemployment, Termination of Benefits, etc.)

Attach documentation of the following:

- The amount received in the Required FAFSA tax year (e.g. Form 1040) **AND**
- The Loss of Income (i.e. Notice of Layoff, or Notice of Expiration of Unemployment Benefit) **AND**
- The amount expected to be received in current year, if any.

D. One Time Payment Received in the required FAFSA tax year which will not be received in the current year:

What was the source of the income?

What was the cause of the loss?

Attach documentation of the following:

- The amount received in the required FAFSA tax year (e.g. Form 1040) **AND**
- The Loss of Income (i.e. Notice of Layoff, or Notice of Expiration of Unemployment Benefit) **AND**
- The amount expected to be received in current year, if any.

F. Other:

Explain issue and Attach Documentation:

Detail Amount:

Affirmation Statement: I hereby affirm that the above information is true and correct to the best of my knowledge and all documentation attached is an accurate and truthful representation of items claimed.

Student Signature: _____ **Date:** _____

Student Cell Phone: _____

Email you monitor: _____

Financial Aid Administrator's Notes:

Determination:

- Denied because _____ See email attached.
 Approved: Attached: Calculations Revised Award Email to Student informing
 / N/A FAA Access Entries / N/A PJ ISIR

Signed: _____ **Date** _____