

2022-2023 financial aid adjustment request

professional judgement



Student Financial Services
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 402.486.2505

A Professional Judgement (PJ) may be applied on a case-by case basis to adjust your FAFSA so it more accurately reflects your current status due to special circumstances. In order to determine your eligibility for a PJ, please answer each question as it accurately represents your current status and provide all documentation as required.

1 - Student information

First name _____ Last name _____
 Middle name _____ UCID# _____

2 - Request for re-evaluation

I request re-evaluation of my financial award application for this academic year based upon the following circumstances:

_____ a. Size of household

- add name _____ Relationship _____
- delete name Name _____ Relationship _____

- add name _____ Relationship _____
- delete name Name _____ Relationship _____

_____ b. change: family members in college

- add name _____ Relationship _____
- delete name Name _____ Relationship _____

- add name _____ Relationship _____
- delete name Name _____ Relationship _____

_____ c. Loss of employment: Parent(s) or student/spouse expected yearly income for 2022. (Please attach documentation of loss of employment and expected income/benefits.)

	Parent	Student
Adjusted gross income	_____	_____
Estimated federal income tax to be paid	_____	_____
Expected income from work	Father: _____	Student: _____
Expected income from work	Mother: _____	Spouse: _____
Unemployment benefits	_____	_____
Other	_____	_____

_____ d. Elementary/high school tuition and/or child care expenses paid for other children:

(Please attach statement from school/child care facility showing monthly cost and number of months in school.)

Name of child	Name and phone # of school/facility	Amount paid in 2022-23
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ e. **Non-reimbursed medical expenses:**
(Please attach documentation in chronological order including itemization sheet which shows the total non-reimbursed amount.) Provide a brief explanation:

Patient name and relationship to student _____

_____ f. **Other: Please explain the change in your circumstances and attach appropriate documentation.**

Comments:

3 - Certification

I/We certify that the information submitted is correct to the best of my/our knowledge and understand that additional documentation may be requested. I/We authorize the Office of Student Financial Services at Union College to verify the information provided for this request. I/We understand that I/we will be notified within two weeks of the decision made by the Student Finance Committee and that

Signatures:

Student Date Spouse Date

Father Date Mother Date

4 - Student Finance Committee use only

Application complete Yes No Missing _____

Requested _____ Date _____

Received _____ Date _____

Application complete Yes No

Decision Approved Denied

Comments:

Director of Financial Services Date

Student notified initial Date