

EDWARD WATERS COLLEGE
PROFESSIONAL JUDGMENT FORM

DEPENDENT STUDENT

2017-2018

Student Name: _____ **Student ID** _____ **Date** _____

Parent Name: _____

E-Mail: _____ **Current Phone #:** _____

Edward Waters College recognizes that situations occur which may affect a student's eligibility for financial assistance. This form is designed to document those situations for review. **Please note: Adjustments made for dependent students are done on the basis of a change in PARENT(S) income ONLY.**

Please complete this form and submit it to our office with appropriate documentation. Incomplete requests will not be reviewed until all requirement paperwork is received. Please bear in mind that while adjustments are being made based on professional judgment, there will be a delay in the processing of your financial aid.

Please review the section below and indicate which situation applies to you:

_____ Parent1/Parent 2 is currently unemployed as a result of:
_____ Layoff _____ Retirement _____ Job Transfer _____ Disability _____ Military discharge/release
Is or will the parent receive unemployment compensation? _____ Yes _____ No
If yes, please attach supporting documentation from the Unemployment Compensation Office.
If no, provide supporting documentation to verify status.

_____ Parent 1/Parent 2 has had a reduction of hours or wages which was mandated by the Employer (include letter from employer on company stationery).

_____ Income on 2015 taxes is inflated due to payment from retirement accounts

Supporting document for the above may be:
Letter from employer on company stationery verifying the situation
2015 tax return
Most recent pay stub verifying 2016 year-to-date income
If military, a DD214

_____ Untaxed income or benefits have ceased as of ____/____/____. Please provide Document from the agency providing the benefits.

_____ Excessive medical and/or dental expenses claimed on parents' 2015 tax return. Schedule A from IRS 1040 must be provided.

_____ Death of a parent, which occurred after applying for financial aid. Please provide a Copy of the death certificate.

_____ Divorce or separation, which occurred after applying for financial aid. Please provide a copy of the divorce decree or a letter indicating the date your parents filed for divorce or separated.

_____ Student's loss of a job due to return to school.

If information is being adjusted to reflect the 2016 income, you must provide the following information:

<u>2016 GROSS Taxed Income</u>	<u>Parent 1/Student</u>	<u>Parent 2</u>
Year-to-date earning- anticipated earnings in 2016	_____	_____
Interest Income	_____	_____
Pension	_____	_____
Business or Farm Income	_____	_____
Alimony	_____	_____
Unemployment Compensation	_____	_____
Other _____	_____	_____
Total	_____	_____
 <u>2016 Untaxed Income</u>		
Child Support received	_____	_____
Untaxed portion of pension/IRA deduction	_____	_____
Worker's Compensation	_____	_____
Disability Benefits	_____	_____
Military Benefits		
BAS	_____	_____
VHA	_____	_____
Clothing	_____	_____
Totals	_____	_____

All of the information submitted on this form is true to the best of my knowledge.

Signature of Student Date

Signature of Parent (if applicable) Date