

**EDWARD WATERS COLLEGE**  
**PROFESSIONAL JUDGMENT FORM**

**INDEPENDENT STUDENT**

**2017-2018**

**Name:** \_\_\_\_\_ **Student ID** \_\_\_\_\_ **Date** \_\_\_\_\_

**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 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:

\_\_\_\_\_ Student/Spouse is currently unemployed as a result of:  
\_\_\_\_\_ Layoff \_\_\_\_\_ Retirement \_\_\_\_\_ Job Transfer \_\_\_\_\_ Disability \_\_\_\_\_ Military discharge/release  
Is or will the student/spouse receive unemployment compensation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please attach supporting documentation from the Unemployment Compensation Office.  
If no, please attached other supporting documentation.

\_\_\_\_\_ Student/Spouse has had a reduction of hours or wages which was mandated by the Employer ( include a letter from the 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 student's 2015 tax return. Schedule A from IRS 1040 must be provided.

\_\_\_\_\_ Death of a spouse that occurred after applying for financial aid. Please provide a copy of the death certificate.

\_\_\_\_\_ Divorce or separation, that 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.

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

<u>2016 GROSS Taxed Income</u>	<u>Student</u>	<u>Spouse</u>
Year-to-date earning- anticipated earnings in 2016	_____	_____
Interest Income	_____	_____
Pension	_____	_____
Business or Farm Income	_____	_____
Alimony	_____	_____
Unemployment Compensation	_____	_____
Other _____	_____	_____
<b>Total</b>	_____	_____

<u>2016 Untaxed Income</u>		
Child Support received	_____	_____
Untaxed portion of pension/IRA deduction	_____	_____
Worker's Compensation	_____	_____
Disability Benefits	_____	_____
Military Benefits		
BAS	_____	_____
VHA	_____	_____
Clothing	_____	_____
<b>Totals</b>	_____	_____

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

\_\_\_\_\_  
 Signature of Student Date