

Concord University Office of Financial Aid

2024-2025 Professional Judgment Appeal

Student Name: _____

Student ID# _____

Parent(s) Name: _____

Concord University recognizes that families experience special circumstances which merit recalculation of their financial aid eligibility based on this year's information, rather than **2022** income information. Please be advised that all professional judgment appeal decisions are **final**.

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**

- Letter from employer on company letterhead including last date of employment
- Unemployment benefits determination document
- Documentation of year-to-date income (last pay stub, severance pay, SSI benefits, etc.)

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

- Documentation of non-reimbursed medical and/or dental expenses
- Canceled checks verifying payments made in **2023**.
- Copy of Schedule A from previous year's Federal Income Tax Return.

[] **Loss or reduction of untaxed income source (disability benefits, welfare benefits, child support, etc.)**

- Copy of notification of benefits reduction/termination, including the effective date
- Documentation of 2023 expected benefits
- Documentation of 2023 year-to-date income (taxable and non-taxable)

[] **Separation or Divorce which occurred after completing FAFSA**

- Copy of court order, final divorce decree or legal separation agreement
- W-2s for year **2022**.
- Documentation of **2022** year-to-date income

[] **Death of a parent (or spouse) which occurred after completing FAFSA**

- Copy of death certificate
- Documentation of **2024** year-to-date income (taxable and non-taxable)

[] **Cost of attendance adjustment**

- Supporting documentation of additional educational expense incurred

[] **Additional Children in College**

- Supporting documentation of at least ½ time enrollment at a Title IV aid eligible institution and anticipated out-of-pocket expense.

[] **Other unusual circumstances**

- Supporting documentation as requested by the Office of Financial Aid

***REQUIRED**

HOUSEHOLD SIZE (Number of people supported by household income) _____

Statement of Projected 2024 Income:

This section asks about income and benefits that you and your family expect to receive between January 1, 2023 until now.

Taxable Income	Income earned from Jan 1, 2024 until now
Father's earnings	\$
Mother's earnings	\$
Student's earnings	\$
Spouse's earnings	\$

By signing this document I/we certify that the information provided is complete and accurate to the best of my/our knowledge. I/we agree to provide more detailed documentation if required.

Student's Signature

Date

Spouse's Signature

Date

Parent's Signature (if dependent student)

Date