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 [Ö] 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, 2024 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