



2019-20 Special Condition(s) Application & Instructions- Parent

(Professional Judgment) - Contact: SpeCPJ-P

Student's Name _____ Social Security Number or KWU Student ID# _____ Date _____

Instructions:

- 1) Determine which condition(s) is/are applicable to your situation:
 a- Education related expenses not included in the standard Cost of Attendance Budget b- Loss of Income
 c- One Time Payment Received in Calendar Year 2017 which will not be received in 2019-20
 d- Private Elementary/Secondary tuition paid e- Unusual Expenses f- Other
- 2) Complete the relevant section(s) below.
- 3) Attach the requested documentation.
- 4) Sign the Affirmation Statement on page 2 of this form.
- 5) Submit via Fax or scan and email to finaid@kwu.edu

A. Loss of /Reduction in income for 2019-20 that was received in Calendar Year 2017:		
	Calendar Year 2017 (Total)	Amount Expected 12 Month Period From: Mo ____ Yr. ____ – Mo ____ Yr. ____
Parent #1 Wages, Salaries, Tips and any income from work	\$	\$
Parent #2 Wages, Salaries, Tips and any income from work	\$	\$
Parent #1 Disability Benefits	\$	\$
Parent #2 Disability Benefits	\$	\$
Parent #1 Pension and/or Social Security Benefits	\$	\$
Parent #2 Pension and/or Social Security Benefits	\$	\$
Parent #1 Child Support Received	\$	\$
Parent #2 Child Support Received	\$	\$
Parent #1 Other Income (Source _____)	\$	\$
Parent #2 Other Income (Source _____)	\$	\$
Total Income	\$	\$
What was the cause of the loss of income detailed above? (i.e. Unemployment, Termination of Benefits, etc.)		
Attach documentation of the following: <input type="radio"/> Of the amount received in 2017 (e.g. 2017 Form 1040) AND <input type="radio"/> The Loss of Income (i.e. Notice of Layoff, or Notice of Expiration of Unemployment Benefit) AND <input type="radio"/> The amount expected to be received in 2019-20 if any.		
B. One Time Payment Received Calendar Year 2016 which will not be received in 2019-20:		
What was the source of the income?		
What was the cause of the loss?		
Attach documentation of the following: <input type="radio"/> Of the amount received in 2017 (e.g. 2016 Form 1040) AND <input type="radio"/> The Loss of Income (i.e. Notice of Benefit) AND <input type="radio"/> The amount expected to be received in 2019-20, if any.		



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Student's Name _____ Social Security Number or KWU Student ID# _____ Date _____

C. Private Elementary/Secondary tuition paid

Attach documentation of the following:

- Of the amount paid in 2017, or 2019-20 (e.g. receipts or statement of account from school)
Of the amount expected to be paid in 2018- 2019-20 (e.g. receipts or statement of account from school)

D. Unusual Expenses incurred/expected in 2019-20

What was the reason/cause of the expense?

Attach documentation of the amount and date of the Unusual Expense.

E. Other:

Explain issue:

Detail Amount:

Attach Documentation:

Affirmation Statement: I hereby affirm that the above information is true and correct to the best of my knowledge and all documentation attached is an accurate and truthful representation of items claimed.

Parent Signature: _____ Date: _____

Parent Contact Information: Parent Name: _____

Parent Email _____ Parent Cell Phone Number: ____ (____) _____

Financial Aid Administrator's Notes:

Determination:

- Denied because _____ See email attached.
Approved: Attached: Calculations Revised Award Email to parent informing
N/A FAA Access Entries N/A PJ ISIR

Signed: _____ Date _____



**KANSAS
WESLEYAN**
UNIVERSITY

**Office of Student Financial Planning,
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