



2021-22 Special Condition(s) Application & Instructions- Dependent

(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- Medical, dental, or nursing home expenses greater than 11% of income
 - b- Loss of Income or unemployment
 - c- Private Elementary/Secondary tuition paid
 - d- One Time Payment Received in Calendar Year 2019 which will not be received in 2021-22
 - e- Unusually high dependent or child care costs
 - f- Other
- 2) Complete form.
- 3) Attach documentation supporting circumstances.
- 4) Submit to the Office of Student Financial Planning.

A. /E. Unusual Expenses incurred/expected in 2021-22:

What was the reason/cause of the expense?

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

B. Loss of /Reduction in income for 2021-22 that was received in Calendar Year 2019:

	Calendar Year 2019 (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:

- Of the amount received in 2019 (e.g. 2019 Form 1040) **AND**
- The Loss of Income (i.e. Notice of Layoff, or Notice of Expiration of Unemployment Benefit) **AND**
- The amount expected to be received in 2021-22 if any.

C. Private Elementary/Secondary tuition paid:

Attach documentation of the following:

- Of the amount paid in 2019, or 2021-22 (e.g. receipts or statement of account from school)
- Of the amount expected to be paid in 2019 or 2021-22 (e.g. receipts or statement of account from school)



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D. One Time Payment Received Calendar Year 2019 which will not be received in 2021-22:

What was the source of the income?

What was the cause of the loss?

Attach documentation of the following:

- Of the amount received in 2019 (e.g. 2019 Form 1040) AND
The Loss of Income (i.e. Notice of Benefit) AND
The amount expected to be received in 2021-22, if any.

F. Other:

Explain issue:

Detail Amount:

Attach Documentation:

Other Comments:

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.

Student Signature: Parent Signature:
Date: Date:

Parent Name: (Please print)

Parent Contact Information: Parent Email

Parent Cell Phone Number: ()

Financial Aid Administrator's Notes:

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

Signed: Date