



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

(Professional Judgment) Contact: SpecPJ-S

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 the 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)	12 Month Period From: Mo _____ Yr _____ – Mo _____ Yr _____
Student Wages, Salaries, Tips and any income from work	\$ _____	\$ _____
Student's Spouse Wages, Salaries, Tips & income from work	\$ _____	\$ _____
Student Disability Benefits	\$ _____	\$ _____
Student's Spouse Disability Benefits	\$ _____	\$ _____
Student Pension and/or Social Security Benefits	\$ _____	\$ _____
Student's Spouse Pension and/or Social Security Benefits	\$ _____	\$ _____
Student Child Support Received	\$ _____	\$ _____
Student's Spouse Child Support Received	\$ _____	\$ _____
Student Other Income (Source _____)	\$ _____	\$ _____
Student's Spouse 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 in 2021-22 (e.g. receipts or statement of account from school)
- Of the amount paid in 2019 or expected to be paid in 2021-22 (e.g. receipts or account statement 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: Date:

Student Cell Phone: Email you monitor:

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