



2022-23 Special Condition(s) Application & Instructions- Independent

(Professional Judgment) Contact: SpecPJ-S

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

List the people in your household. **Include:**

- Yourself, and your spouse if you have one, **and**
- Your children, if you will provide more than half of their support from July 1, 2022 through June 30, 2023, **and**
- Other people if they currently live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2022 through June 30, 2023.

*****If you need more spaces, please attach a sheet with additional family members listed.*****

Full Name	Age	Relationship to Student	College attending in 2022-23
			Kansas Wesleyan University

Office Use Only:	#	#	Initials
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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- Private Elementary/Secondary tuition paid
 - c- Loss of Income or unemployment
 - d- One Time Payment Received in Calendar Year 2020 which will not be received in 2022-23
 - 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 2022-23:

What was the reason/cause of the expense?
Attach documentation of the amount and date of the Unusual Expense.

B. Private Elementary/Secondary tuition paid:

Attach documentation of the following: <input type="radio"/> Of the amount paid in 2020 or in 2022-23 (e.g. receipts or statement of account from school) <input type="radio"/> Of the amount paid in 2020 or expected to be paid in 2022-23 (e.g. receipts or account statement from school)

2022-23 Professional Judgment Application & Instructions-Independent - Page 2 of 2

Student's Name _____

Social Security Number or KWU Student ID# _____

Date _____

C. Loss of /Reduction in income for 2022-23 that was received in Calendar Year 2020:

	Calendar Year 2020 (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 2020 (e.g. 2020 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 2022-23, if any.

D. One Time Payment Received Calendar Year 2020 which will not be received in 2022-23:

What was the source of the income?

What was the cause of the loss?

Attach documentation of the following:

- Of the amount received in 2020 (e.g. 2020 Form 1040) **AND**
- The Loss of Income (i.e. Notice of Benefit) **AND**
- The amount expected to be received in 2022-23, if any.

F. Other:

Explain issue and Attach Documentation:

Detail Amount:



Office of Student Financial Planning,
K-Dub Hub, Pioneer Hall 285,
100 E. Clafin, Salina, KS 67401
Telephone: (785) 833-4315 **FAX:** (785) 404-1485

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** _____