

Dependent Professional Judgement Application & Instructions

I am completing a Professional Judgement for the term(s): Fall 20 _____ Spring 20 _____ Summer 20 _____

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

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

- ☐ You and your parent(s) (including stepparent) even if you don't live with your parent(s), **and**
- ☐ Your parents' other children even if they don't live with your parent(s), if (a) your parents will provide more than half of their support between July 1st and June 30th of the current academic year or (b) the children would be required to provide parental information when applying for federal student aid, **and**
- ☐ Other people, **if they currently live with your parents**, and your parents will provide more than half of their support between July 1st and June 30th of the current academic year.

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

Full Name	Age	Relationship to Student	College attending (current year)	Enrolled at Least Half Time (Y/N)
		Self	Kansas Wesleyan University	

Office Use Only:	#	#	Initials
------------------	---	---	----------

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 the required FAFSA tax year and will not be received in the current academic year
 - e- ☐ Unusually high dependent or childcare costs
 - f- ☐ Other
- 2) Complete the form.
- 3) Attach documentation supporting circumstances.
- 4) Submit to the Office of Financial Aid.

A. /E. Unusual Expenses incurred/expected in the current academic year:

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:

- ☐ Of the amount paid in FAFSA required tax year or in the current year (e.g. receipts or statement of account from school)
- ☐ Of the amount paid in FAFSA required tax year or expected to be paid in the current year (e.g. receipts or account statement from school)

Student's Name

Social Security Number or KWU Student ID#

Date

C. Loss of /Reduction in income for current academic year but was received in the required FAFSA tax year:

	Required FAFSA tax year (Total)	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:

- ☐ The amount received in FAFSA required tax year (e.g. 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 current year, if any.

D. One Time Payment Received in the required FAFSA tax year but will not be received in current year:

What was the source of the income?

What was the cause of the loss?

Attach documentation of the following:

- ☐ The amount received in FAFSA required tax year (e.g. 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 current year, if any.

F. Other:

Explain issue and Attach Documentation:

Detail Amount:

Parent Contact Information:

The Office of Financial Aid will use this information to contact the parents to quickly resolve questions to prevent delays in processing your financial aid awards.

Parent Name:

Parent Email Address:

Parent Cell Phone: ()

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.

*At least one parent who is on the FAFSA must sign. *

Student Signature

Date

Parent Signature

(MUST BE SIGNED IN INK)

Date

Financial Aid Administrator's Notes:

Determination:

- ☐ Denied because _____ ☐ See email attached.
☐ Approved: Attached: ☐ Calculations ☐ Revised Award ☐ Email to Student informing
☐ / N/A FAFSA Partner Portal Entries ☐ / N/A PJ ISIR

Signed: _____ Date _____