

PJ - Special Circumstance Appeal Form 2024-2025

Student Information:

Last Name	First Name	Middle Initial	Student ID #

The Higher Education Act allows student financial aid administrators to address special circumstances utilizing professional judgment. The professional judgment process may allow the Gurnick Financial Aid Department to offer additional forms of student financial aid. Special Circumstances refer to the financial situations (loss of a job, etc.) that justify an aid administrator adjusting data elements in the COA or in the SAI calculation. While we welcome the opportunity to review a family's unique situation, we cannot guarantee that each review will produce a specific, desired outcome.

****A PJ MUST be submitted no later than 30 days from graduation. Any PJ that is requested less than 30 days from graduation will be rejected.**

Section 1: You must complete the following steps:

- 1) Write a detailed letter of appeal explaining your special circumstance and submit it with this form.
- 2) Place a check mark beside **all** circumstances that may apply as listed below.
- 3) Submit the required documentation listed for each item you checked. Write the student's name and Student Identification Number on the top of every page submitted.

Additional documentation may be requested upon review of your professional judgment appeal form, including the completion of the verification process, if required.

Check the boxes that apply and submit the corresponding documentation.

☐ **Bankruptcy (only Chapter 13) (PJ)**

- A copy of the court document which prohibits a parent from incurring any new debt
- A letter from the bank of the individual (student, parent, or spouse) indicating the total amount of principal paid during 2024 and/or 2025. The letter should verify the principal is not being paid by a rotating operating loan.

☐ **Birth of child/Pregnancy during the school year (Special Circumstances)**

- Submit a doctor's statement indicating the date of birth of child
- Provide proof the student is providing more than 50% of the child's support

Note: this is to be completed only if the birth was not accounted for at time of FAFSA completion

☐ **Death of parent or spouse (PJ):**

- A copy of the death certificate
- Surviving parent's or student's expected current-year income

☐ **Loss/Reduction of income (PJ):** -must complete Section 2 of this form

Select individual who experienced loss/reduction of income: ☐ Student ☐ Parent ☐ Student's Spouse

Was the loss/reduction of income due to decrease in benefits (i.e., Child Support, Social Security, and/or Unemployment)

☐ Yes (if so, amount \$ _____) ☐ No

If loss/reduction was due to job loss/salary decrease, was severance pay received:

☐ Yes (if so, amount \$ _____) ☐ No

Select current income year to be used in Professional Judgment: ☐ 2024 ☐ 2025

- Complete Section 2 of this form.
 - A copy of **Federal Tax Return** (including all schedules) or **IRS Tax Return Transcript** for the income year to be used
- *Note: If a copy of the tax return is used, the filer (or at least one of the filers of a joint return) must sign it or the tax preparer must provide his or her name and SSN, EIN, or PTIN. IRS Tax Return Transcripts do not require signatures.*
- Last 2 pay stubs showing year-to-date earnings.
 - Unemployment acceptance/denial notification from the unemployment office. (If job loss was due to downsizing/termination)
 - Verification of last date of employment from former employer.
 - Verification of reduction of work hours/wages from current employer.
 - Proof of severance pay (this can be either notification from employer on employer's letterhead stating the amount of severance pay, date pay start(s) and end(s); or actual proof of severance payment).

☐ **Major medical expenses not covered by insurance, already paid out-of-pocket (PJ):** must complete Section 3 of this form

- A copy of Schedule A of student or parent's 2022 Federal Tax Return (if medical expenses were included in the itemized deductions).

**Note: DO NOT include payments for health insurance premiums. Expenses must be above 11% of AGI. The medical expense must be out of pocket expenses in which you did not receive a tax credit on your Tax Return.*

☐ **Separation or Divorce (PJ):** this is to be completed only if it wasn't already accounted for at the time of FAFSA completion

Select individual who experienced separation/divorce: ☐ Student ☐ Parent

Status of individual: ☐ Separated (as of date: _____) ☐ Divorced (as of date: _____)

- A copy of the divorce decree, dissolution of marriage proof, or separation agreement (if separation is legal)
- A copy of **2022 Federal Tax Return** (including all schedules) or **2022 IRS Tax Return Transcript** for the separated/divorced individual.

**Note: If a copy of the tax return is used, the filer (or at least one of the filers of a joint return) must sign it or the tax preparer must provide his or her name and SSN, EIN, or PTIN. IRS Tax Return Transcripts do not require signatures.*

- A copy of 2022 W2 form(s) for the separated/divorced individual (if unable to obtain a copy of W2 for both parents of a dependent student due to parent's ex withholding requested documentation, then parent's written statement must express an attempt was made to collect the item but was unable to).
- 2024-2025 Verification Worksheet

☐ **Tuition payments made for elementary/secondary school costs:**

- A letter on official letterhead from the private school documenting tuition paid for the current income year for student's child(ren) or siblings, if the student is considered "Dependent" according to FAFSA. (Statements from the schools should not include payments considered as a tithe)

☐ **Other** _____

- Complete documentation to support your reason(s) for requesting consideration
- We will not consider consumer debt (i.e., auto loans, credit card payments, mortgage payments) as a reason for professional judgment adjustments

Section 2: Only complete this section if you were directed to complete it from Section 1. Enter "0" or "N/A," if income type does not apply.

	SOURCES OF INCOME	Actual Year-to-date in current income year (not monthly)	Expected Income	Actual Year-to-date in current income year (not monthly)	Expected Income
1.	Income earned from work (includes earning from wages, salaries, tips, business, and farm income). Include Work-study earnings.	\$ _____ <i>Father/Stepfather</i> \$ _____ <i>Mother/Stepmother</i>	\$ _____ <i>Father/Stepfather</i> \$ _____ <i>Mother/Stepmother</i>	\$ _____ <i>Student</i> \$ _____ <i>Spouse</i>	\$ _____ <i>Student</i> \$ _____ <i>Spouse</i>
2.	Unemployment benefits (copy from the Dept. of Labor)	\$	\$	\$	\$
3.	Cash received, or money paid on your behalf, not reported elsewhere on this form. Do not include cash received from a parent whose information is provided on this form	\$	\$	\$	\$
4.	Alimony/maintenance	\$	\$	\$	\$
5.	Other income, including rental income (list type): _____	\$	\$	\$	\$
6.	Social Security Benefits, including SSI Income. Include amounts received for yourself and your children	\$	\$	\$	\$
7.	Welfare Benefits/Temporary Assistance for Needy Families. <i>Do not include food stamps</i>	\$	\$	\$	\$
8.	Child Support RECEIVED for all children	\$	\$	\$	\$
9.	Severance pay	\$	\$	\$	\$
10.	Other untaxed income and benefits	\$	\$	\$	\$
11.	TOTAL EXPECTED INCOME IN CURRENT INCOME YEAR	\$	\$	\$	\$

Section 3: Medical Expenses (Only complete this section if medical expense were not included in itemized federal deductions and/or you were directed to complete Section 3 from Section 1):

Medical Expenses Paid in Current Income Year				
Name of Medical Provider	Type of Medical Expense (surgery, doctor visit, pharmacy, etc.)	Billed Amount Not Covered by Insurance	Amount Paid in Current Income Year	Date Paid

Allow up to 30 business days for processing of this Professional Judgment request. You will receive a notification of the outcome via your preferred email address that is listed on file at Gurnick Academy of Medical Arts. Please note all decisions are final. Additional documentation may be requested to support your situation. Any request submitted without documentation will be delayed. Students that have been selected for verification MUST complete that process before their Professional Judgment Request will be reviewed.

This form must be submitted no later than 1 month prior to the end of class

Section 4: Certification Statement

The information contained in this appeal and any supporting documents is true and complete to the best of my knowledge. I understand that submission of this appeal form does not guarantee a change in my financial aid eligibility.

Student's Signature (required)

Date

Parent's Signature (required if student is a Dependent student)

Date