



Office of Financial Aid 2024-25 Professional Judgement Form

Dear Student/Parent:

You have indicated a reduction in your family's income. In order to reevaluate your FAFSA using your family's 2023 actual income or projected 2023 or 2024 income; please complete the attached form. Before beginning this process review your Student Aid Report at www.fafsa.gov; if you already have a zero Student Aid Index you will automatically be awarded full aid entitlement and will not need to complete this form.

A Request for Professional Judgment may be filed if you have extenuating circumstances, which you believe warrant a reevaluation of your financial aid. Circumstances may include, but are not limited to:

- Loss or change of employment
- Loss or change in amount of child support, Social Security, or other benefits
- Death, Divorce or Separation of parents or spouse
- Unusual medical expenses (not covered by insurance)
- One-time taxable income used for life changing events (e.g. IRA, pension distribution, back-year Social Security payments)

Circumstances that are **NOT** considered as extenuating include, but are not limited to:

- Standard living expenses (e.g. utilities, credit card payments, children's allowances, etc.)
- Mortgage payments
- Car payments
- Credit card or other personal debts
- Vacation expenses
- All other discretionary expenses.

Please be candid in your explanation so that the committee can accurately assess your circumstances and determine if your appeal can be granted.

If you are interested in having HESAA review your income reduction for a change in your state grant funds, be mindful that they make their own determination of eligibility for income reductions; having one approved by Camden County College does not guarantee that it will be the same outcome with other agencies.

Appeals that are determined to have been submitted without sufficient documentation of the circumstances cited in the application will be denied. In the case of an insufficiently documented appeal, the student will be notified of the denial and will be offered an opportunity to resubmit the appeal with appropriate documentation. Completing the appeal does not guaranty grant eligibility.

The Financial Aid Appeals Committee requires approximately thirty days to review complete applications and make a determination.

Sincerely,

The Financial Aid Appeals Committee

A: Student's Information:_____
Student's Last Name_____
Student's First Name_____
Student's M.I._____
Student's ID #_____
Student's E-mail Address_____
Student's Phone Number_____
Cell Phone (if different)**Section B: Reason for Adjustment**

Indicate by checking the reason you are requesting the adjustment in income. For your appeal to be considered you must complete all items listed in the documents required column for the reason you selected.

Reason for Adjustment	Check reason	Documents Required
Loss or Change in Employment		<ul style="list-style-type: none"> • There is a waiting period of 10 weeks from date of termination • Detailed letter explaining your circumstances • Copy of Tax Return or Transcript and W-2's for student and parents (if dependent) for applicable year • Letter from former employer(s) stating the last date of employment • Copy of unemployment compensation letter or signed statement that you did not or will not receive unemployment benefits • Copy of last paystub(s) from former employer(s) and current employer(s), if applicable.
Divorce or separation of parent or spouse		<ul style="list-style-type: none"> • Detailed letter explaining your circumstances • Copy of Tax Return or Transcript and W-2's for student and parents (if dependent) for applicable year • Copy of legal separation documentation, proof of separate households and addresses, or divorce decree
Death or Disability of parent or spouse		<ul style="list-style-type: none"> • Detailed letter explaining your circumstances • Copy of Tax Return or Transcript and W-2's for student and parents (if dependent) for applicable year • Copy of death certificate • Proof of disability
Non- reimbursed medical bills		<ul style="list-style-type: none"> • Detailed letter explaining your circumstances • Copy of Tax Return or Transcript and W-2's for student and parents (if dependent) for applicable year • Proof medical bills exceed 3% of AGI • If you didn't itemize, please submit proof of payment (e.g. cancelled checks, receipts, credit card statements)

Section C: Determining

My financial circumstances have changed from 2022 and I am providing financial information based on my 2023 tax information or my current 2024 financial projection. **Please circle which year you are providing: 2023 or 2024**

Section D: Summary of Income

Complete the chart below with what you believe is the amount you are receiving in each applicable income category.

	Student	Spouse	Father	Mother
Income Earned from Working	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____	\$ _____	\$ _____
Severance Pay	\$ _____	\$ _____	\$ _____	\$ _____
Pension and Annuities Annuity Income Received (do not include rollovers)	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Public Assistance/TANF	\$ _____	\$ _____	\$ _____	\$ _____
Retirement/Disability	\$ _____	\$ _____	\$ _____	\$ _____
Tax Exempt Interest Income	\$ _____	\$ _____	\$ _____	\$ _____
Other Income and Benefits (Include benefits for all family members: financial support you received, Workman’s Compensation, Black Lung Benefits, Veteran’s Non educational Benefits, capital gains, interest, dividends, alimony, rents, royalties, business income, et cetera)	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL ANTICIPATED INCOME	\$ _____	\$ _____	\$ _____	\$ _____

My signature below confirms that all of the information I am providing on this appeal application and in supporting documentation is true, accurate, and complete.

Student Signature

Parent or Spouse Signature

Date