

# PROFESSIONAL JUDGEMENT 2023-2024

The Office of Financial Aid at Louisiana Christian University recognizes that families may experience a change in their financial situation after the Free Application for Federal Student Aid (FAFSA) has been filed. Through the use of professional judgment, our Financial Aid Director may be able to make adjustments to your FAFSA which could result in a recalculation of your eligibility.

# **Student Information**

Last Name		First Name	Middle Initial	Student ID Number
Addres	SS			E-mail Address
City		State	ZIP Code	Phone Number
To E	nsure Con	sideration of	f Your Request: 🍡	
1.	Please read the entire form (front and back) prior to completion.			
2.	Submit the required documentation listed below.			
	a.			Submit this document with all appropriate signatures.
	<b>Note:</b> If you fax this form, please be sure to fax both pages.			
	b.	Appe <mark>al Lette</mark> r	- Provide a signed letter of app	eal detailing your situation.
	C.	can b <mark>e obtaine</mark> d Aid	from our website at https://lcu	d signed copy of the appropriate verification form, which niversity.edu/campus-life/financial-aid/ in the Financial verification documents, you do not need to re-submit them.
	<ul> <li>d. 2022 U.S. Income Tax Transcript - Submit a signed copy of the appropriate U.S. Income Tax Transcript along with all W-2 forms.</li> <li>Dependent Student: Submit the tax documents listed above for you and your parent(s)/step-parent Independent Student: Submit the tax documents listed above for you and your spouse (if married)</li> </ul>			
	Review the rest of this form and place a check mark beside all situations that may apply below and on the following page. Submit required documentation for each situation that has been checked. Please include student's name and ID number at the top, right corner of each page submitted.			

4. Once the Professional Judgment Request Form has been reviewed, additional information

may be requested.

## Check the boxes that apply and submit <u>all</u> bulleted items below each box checked.

Decrease in student/spouse income: Must include an estimate of gross income from work between June 1, 2023-May 31, 2024

Student\_\_\_\_\_ Spouse \$\_\_\_\_\_

 $\square$  Documentation of income from other sources, such as unemployment compensation

□ Copies of most recent pay stubs

 $\hfill\square$  Termination notice from employer on letterhead with last date of employment

□ Letter of resignation

Phone: (318)487-7386



Decrease in parent(s) income: Must include an estimate of gross income from work between January 1, 2023 and

December 31, 2024 (report only the person experiencing the decrease) Father \$ Mother \$

- Documentation of income from other sources, such as unemployment compensation
- Copies of most recent pay stubs
- Termination notice from employer on letterhead with last date of employment
- Letter of resignation

## □ Major medical expenses not covered by insurance, already paid out-of-pocket

- Copy of Schedule A if you itemized your deductions on your federal income tax return
- Statements from the doctor, hospital, pharmacy, etc. showing personal payments made
- Do not submit credit card bills or insurance statements, as this does not demonstrate payments made.

#### Business or Farm Debt

• Copy of Schedule C for business or a copy of Schedule F for farm

• Letter from bank indicating the total amount of principle paid during 2021. Letter should verify the principle is not being paid by a rotating operating loan.

#### Educational Loan Repayment

- Repayment of the educational loan began on:
- Copy of current statement or payment coupon for each loan, showing monthly payment amount

## Child support or Social Security benefits that have decreased or ended

• Legal documentation or notarized statement indicating the amount and date of change

#### Parent in college at least half-time in a degree-seeking program

- Letter from parent's Registrar or Admission Office verifying parent's degree program and enrollment status
- Include In the appeal letter the beginning and ending dates of parent's program

#### Lump sum distribution/non-recurring income inflates Adjusted Gross Income

• Itemized statement of how that income was spent Copy of 1099-R (if available)

## □ Tuition payments made for elementary/secondary school costs for younger siblings

Letter from school showing tuition payments for the current academic year

## Bankruptcy (except Chapter 7 and 11)

- Copy of court document indicating the amount of required monthly payment and how long payments will continue
- Copy of section in court document prohibiting parent from incurring new debt

**Certification Statement:** The information I submit in support of this appeal is true and complete to the best of my knowledge. I agree to give proof of all information as indicated above. I understand that approval of this request does not assure approval of a similar future request and that any financial assistance offered if limited by the availability of funds in any given year. I understand that the information provided in past requests may be reviewed for accuracy, and this can impact the outcome of this appeal. Further, the accuracy of the information I submit in this appeal can affect the outcome of any future appeals I may submit.

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