

# Mid-America Christian University

## Professional Judgment



2019-2020

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The Federal Government requires that you and, if applicable, your parents or spouse complete the 2019-2020 Free Application for Federal Student Aid using income information from the 2017 tax year. However, a school has been given the discretion by the government to review a student's situation, as needed, and exercise professional judgment when special circumstances arise that affects that information.

At MACU, we will only consider this option if the anticipated household income for 2019 is going to be at least a 15% decrease from the 2017 income and is due to one of the conditions below.

**The following steps must be completed in order for consideration:**

- Write a detailed letter of appeal explaining your special circumstance and submit it with this form.
- Place a check mark beside any situation that may apply as listed below.
- Submit the required documentation listed for each item you checked.

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

**CONDITION A**

\_\_\_\_\_ A student, student's spouse, or a dependent student's parent (***circle one***) whose 2017 income from work was reported but has been unable to pursue the normal income producing activities for at least ten weeks in 2019 because of the following:

\_\_\_\_\_ A disability (please specify) \_\_\_\_\_

\_\_\_\_\_ A natural disaster (please specify) \_\_\_\_\_

\_\_\_\_\_ Return to school full-time (12 hours or more during a semester) to further education.

Name of school attending: \_\_\_\_\_

\_\_\_\_\_ Other (Please describe): \_\_\_\_\_

Former Employer's Name: \_\_\_\_\_

Date full-time employment ceased: \_\_\_\_\_

**CONDITION B**

A student, spouse, or parent (***circle one***) 1. Benefited from a one-time income in 2017 such as an inheritance, moving expense allowance, IRA, etc. **or** 2. Stopped receiving a specific benefit in 2019 such as child support or Social Security which will not resume in the foreseeable future.

Source of income: \_\_\_\_\_ Amount received in 2017: \$ \_\_\_\_\_

Reason for cancellation if #2: \_\_\_\_\_

\_\_\_\_\_

**CONDITION C**

Due to separation, divorce, or death (*circle one*) of a spouse or parent (*circle one*), the student's household income for 2019 will be less than 2017. Date of status change: \_\_\_\_\_

**2019 INCOME PROJECTIONS****TO BE COMPLETED BY ALL APPLICANTS**

If the special circumstances you described apply to you and/or your spouse, answer these questions about yourself and/or your spouse. If the special circumstances you described apply to your parents, answer these questions about them.

In your estimate be sure to combine all income and benefits you have received from January 1 of 2019 through today, with income and benefits you expect to receive from this date through December 31, 2019.

**Please provide the following as applicable:**

- Estimate only the income for the person who has experienced the loss of employment.
- The two most recent year-to-date paystub(s).
- A letter from the employer documenting the last day of employment. This must be on letterhead.
- A statement of severance payments and benefits from your employer.
- A statement of unemployment benefits (if applicable).

*You may be asked to provide other documents to verify the reported figures below.*

<b>Sources of Estimated Taxable Income for 2019:</b>	<b>Student</b>	<b>Spouse/Parent</b>
Income Earned from Work (gross)	\$	\$
Severance Pay	\$	\$
Unemployment Compensation (gross)	\$	\$
Business Income	\$	\$
Interest of Dividend Income	\$	\$
Farm Income	\$	\$
Pension/Annuity Income	\$	\$
IRA/Retirement Account Withdrawal(s)	\$	\$
Taxable Social Security/Disability Benefits	\$	\$
Other Taxable Income: Please identify the source: ( _____ )	\$	\$
<b>Sources of Estimated Untaxed Income for 2019:</b>	<b>Student</b>	<b>Spouse/Parent</b>
Child Support Received	\$	\$
Untaxed Portions of IRA Distributions or Pensions	\$	\$
Housing, Food and other Living Allowances Paid to You	\$	\$
Veterans Non-Education Benefits	\$	\$
Other Untaxed Income: Please identify the source: ( _____ )	\$	\$

**READ AND SIGN:**

**Certification: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form.**

Applicant must **always** sign. A parent must sign if information has been given about parents.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**RETURN THIS FORM TO THE FINANCIAL AID OFFICE AT MACU**

Email: [financialaid@macu.edu](mailto:financialaid@macu.edu)

Fax: 405-692-3163

**FOR OFFICE USE ONLY:**

**Approved**       **Denied**

**Reviewed By:** \_\_\_\_\_

**Old EFC**       **New EFC**

**Date:** \_\_\_\_\_

**Rationale:**