Return Form to:
The Office of Financial Aid
2404 North Grand Ave.
Tyler, Texas 75702
Telephone: (903) 593-8311 Fax: (903)593-9607
Email:financialaid@texascollege.edu

Texas College
Professional Judgement Request Form

The Higher Education Act allows financial aid offices to address unusual circumstances when a family's ability to pay for a college education is not accurately reflected on the FAFSA. Since each situation will be reviewed on a case-by-case basis, additional aid is not guaranteed.

Personal Information

_____   _____

Student Name   Student ID#

Income Information

My projected 2018 income is _____ my 2017 income that I reported on the FAFSA.

	Student	Father	Mother
About same as	❑	❑	❑
Significantly less than	❑	❑	❑
Significantly more than	❑	❑	❑

Note: "About the same as" should be marked if the change is from a slight cost of living increase in your pay, or small differences in hours worked or bonuses received.

Note 2: If any of the above answers are "Significantly less than" or "Significantly more than", please complete the following:

Circle one: Student/Father/Mother
My projected 2018 income is: $ _____
Explanation:

_____

_____

Circle one: Student/Father/Mother
My projected 2018 income is: $ _____
Explanation:

_____

_____

☐ **Out-of-pocket medical expenses** – Uninsured medical, dental and vision expenses occurred in the family that will not be reimbursed by insurance or other funding. Total out-of-pocket expenses for 2018: $2019: $_____

Documentation required (one of the following):
- A copy of Schedule A if you included medical expenses in your itemized deductions on the 2017 tax form
- A signed summary of all medical expenses, including name of medical provider, type of expense (surgery, doctor visit, pharmacy, etc.), amount not covered by insurance, and amount you paid in 2018.

☐ **Private school tuition expense** – Private K-12 tuition expenses paid for any child in the family in the 2017 tax year.

Name of student(s):_____

Name of school(s):_____

Tuition paid in 2017: $(Do not include other fees—only tuition): _____

Documentation required:
- Receipt (or letter) from the school showing amounts paid in 2017. Please label unclear bills.

☐ **Parent enrolled in college at least half time in a degree-seeking program** – The parent must be enrolled in 2017 or 2018.

Name of parent enrolled: _____

College/university name: _____

Status of parent enrollment ☐ Full time☐ Half time☐ Other

Amount of tuition paid out-of-pocket 2017:_____ $2018: _____

Documentation required:
- Proof of registration from school
- Bills or other statements from school showing amount paid for tuition

☐ **Traditional IRA converted to Roth IRA in 2017** – Amount converted in 2017: $_____
Documentation required:
- Copy of 2017 tax forms, pages 1-2
- Copy of 1099R or other financial document showing the amount of the conversion

☐ **One-time income source that inflates income** – Includes funds that are not accessible, lump sum distributions from retirement plans that are not recurring, etc. Amount of inflated income in 2017: $ _____

Documentation required:
- A copy of Form 1099-R, if applicable
- A copy of the 2017 IRS tax return, pages 1-2, and any other applicable schedules related to the request
- Explain the situation using space provided at bottom of this form. Include detail of how the non-recurring income was spent or why it is not available to pay college expenses.

☐ **Child support or Social Security benefits that have decreased or ended**
Documentation required:
- Legal documentation or notarized statement indicating the amount and date of change
- Explain the situation using space provided at bottom of this form.

☐ **Other extenuating circumstances**
Documentation required
- Explain the situation using space provided at bottom of this form.
- Any supporting documents that verify the financial ramifications mentioned in the letter

My signature below confirms that all of the information submitted is true and complete to the best of my knowledge. If asked by an authorized official, I (we) agree to give proof of this information. I (we) also realize that if I (we) do not give proof when asked, the request may not be considered.

Student Signature _____   Date _____
                       (Required if student's income changed)

Parent Signature _____   Date _____
                       (Required if student's income changed)

For office use only:
Original EFC $ _____   Adjusted EFC $ _____   PJ Date _____
PJ completed by _____   Method of communicating results _____
PJ Notes
_____