Franklin College Office of Financial Aid
Professional Judgment Appeal

Federal regulations require the Office of Financial Aid to use financial information from the FAFSA when determining financial need for each academic school year. This form may be used if you feel that the FAFSA does not adequately reflect your financial condition.

Please return this form to the Office of Financial Aid with all requested documentation. If documentation is not submitted with this appeal, your request will not be processed.

For many situations copies of the student's and/or parent(s)' federal return transcripts are required. These transcripts may be requested free of charge from the IRS online at www.irs.gov or via telephone by calling the IRS at 1-800-908-9946.

Student & Parent Information

_____ Student Name (Last, First, M.I.)

_____ Student School ID #

_____ Parent/Stepparent Name (Last, First, M.I.)

_____ Parent and/or Student Address

_____ Parent/Stepparent Name (Last, First, M.I.)

_____ Parent and/or Student Phone Number

Possible Circumstances (complete all that apply)

_____**Decrease/Loss of income –** Student, spouse, or parent(s) has experienced a decrease of income due to change in employment, layoff, termination, or involuntary resignation) since the 2018 tax year.

1. Who experienced the decrease in income? Name: _____ Relation to student: ___ _____

   a. If unemployed, dates of unemployment: from _____ to _____

2. Requested Documentation:
   - Evidence of loss of employment (such as a termination notice or signed official letter from employer on company letterhead)
   - Copy of unemployment check(s) or pay stubs (or letter stating that unemployment was denied), if applicable
   - Copies of parent(s)' and/or student's 2018 and/or 2019 Federal return transcripts issued by the IRS, along with copies of parent(s)' and/or student's 2018 and/or 2019 W-2 form(s)
   - State (and/or employer) disability benefit approval/denial letter

_____**Occurrence of one-time income** – Student, spouse, or parent(s) received a one-time lump sum (such as inheritance, retirement, IRA distribution, etc.) that was reported on the FAFSA but is not expected in the future.

1. Who received the one-time income? Name: _____ Relation to student: _____

2. Requested Documentation:
   - Official evidence of one-time income (legal forms, financial statements, etc.)
   - Signed statement that identifies the source of income and how the funds were spent or invested
   - Documentation supporting how the funds were spent or invested
   - Copies of parent(s)' and/or student's 2018 and/or 2019 Federal return transcripts issued by the IRS, along with copies of parent(s)' and/or student's 2018 and/or 2019 W-2 form(s)

_____**Marriage of Student** – Student has married since the time the FAFSA was filed.

1. Date of marriage: _____

2. Number of family members now in household: _____ Number in college: _____

3. Requested Documentation:
   - Legal documentation of marriage (marriage license and new SS-card with name change, if applicable)
   - Copies of student and spouse's 2018 and/or 2019 Federal return transcripts issued by the IRS, along with copies of student and spouse's 2018 and/or 2019 W-2 form(s)

_____**Separation or divorce** – Student (or parents, if student is dependent) have separated or become divorced since the time the FAFSA was filed.

1. Date of divorce or separation: _____

2. Name of Primary (Custodial) Parent (after separation or divorce): _____

3. Number of family members remaining in household: _____ Number in college: __

4. Requested Documentation:
   - Legal documentation of separation or divorce (such as court decisions or divorce decree) **AND**
   - Copies of parent(s)' and/or student's 2018 and 2019 Federal return transcripts issued by the IRS, along with copies of parent(s)' and/or student's 2018 and/or 2019 W-2 form(s). If your parent has remarried, you must include a copy of your stepparent's 2018 and/or 2019 Federal return transcript

_____**Death –** Your parent (or spouse) received income in 2018, but passed away after you completed the FAFSA.

1. Date of death: _____

2. Name of deceased: _____ Relation to student: _____

3. Number of family members remaining in household: _____ Number in college: __

4. Requested Documentation:
   - Legal documentation of death (such as a copy of death certificate) **AND**
   - Copies of parent(s)' (or spouse's) and student's 2018 and 2019 Federal **return transcripts** issued by the IRS, along with copies of parent(s)' and/or student's 2018 and/or 2019 W-2 form(s)

_____**Elementary or secondary tuition costs** – You or your parents are paying elementary and secondary tuition costs during the 2020-2021 school year for dependent children.

1. Requested Documentation:
   - Copies of parent(s)' and student's 2018 and 2019 Federal **return transcripts** issued by the IRS, along with copies of parent(s)' and/or student's 2018 and/or 2019 W-2 form(s)
   - Contract or billing statement that states the amount of tuition paid or due for the 2020-2021 school year **OR**
   - Signed letter from the school stating the amount of tuition paid or due for the 2020-2021 school year on official school letterhead

_____**Medical or dental expenses** – Paid out-of-pocket medical or dental expenses not covered by insurance that exceeds 10% of your income during 2019.

1. Requested Documentation:

- Copies of parent(s)' and student's 2018 and 2019 Federal **return transcripts** issued by the IRS, along with copies of parent(s)' and/or student's 2018 and/or 2019 W-2 form(s)
- Copies of cancelled checks used to pay out-of-pocket medical or dental expenses **AND/OR**
- Confirmation of ***out-of-pocket amount paid by you*** during 2019 and purpose of expense. Amounts not paid cannot be considered.

_____**Other** – Requested Documentation:

- Copies of parent(s)' (or spouse's) and student's 2018 and 2019 Federal **return transcripts** issued by the IRS, along with copies of parent(s)' (or spouse's) and student's 2018 and/or 2019 W-2 form(s)
- Explanation of special circumstance:

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Certification Statement

I/we certify that the information on this form is true, complete, and correct to the best of my/our knowledge. I/we understand that false statements or misrepresentations are cause for denial, reductions, withdrawals, and/or repayment of financial aid. I/we also understand that this information will be used in accordance with Federal guidelines and may or may not result in adjustments to the student's financial aid eligibility.

Student's signature	Date	Spouse's signature (if appropriate)	Date
Parent's signature	Date	Parent's signature (if appropriate)	Date

Return this form, with all required documentation to:

Franklin College
Office of Financial Aid
101 Branigin Boulevard
Franklin, IN 46131

OFFICE USE ONLY

Approved/Denied New EFC: _____ _____ _____
Director's Signature **Date**