



2022-2023 Professional Judgment Worksheet

Financial Aid Office
PO Box 421
Glendive, MT 59330
Phone: (406) 377-9410
Fax: (406) 377-8132

Student ID Number: \_\_\_\_\_ Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ DCC E-Mail: \_\_\_\_\_

2022-2023 financial aid eligibility is based upon the information you provided on the 2022-20232 Free Application for Federal Student Aid (FAFSA). A request for professional judgment is appropriate when you, your spouse or your parents experience a change in income that was reported on your original financial aid application. This request must include a written statement, attached to this document that discusses the reason for the requested change as well as a copy of your 2021 federal tax transcript or a signed tax return. This request form, along with SUPPORTING DOCUMENTATION, (proof of sources of income listed) must be submitted to the Office of Financial Aid. A request without documentation will not be considered.

Students will be notified in writing when a decision is made. This notification may be in the form of an award letter and/or corrected Student Aid Report. Each request will be reviewed on a case by case basis. Approval or denial of the appeal will be determined by a Financial Aid Officer and is final. Approval of this application does not guarantee that you will receive any additional financial aid.

- I, my spouse or one of my parents (if dependent) has experienced a change in income from work.

Effective Date: \_\_\_\_\_. Who has experienced the change of income from work? \_\_\_\_\_.

- I, my spouse or one of my parents (if dependent) has had a change in income, other than from work, since 2021 (loss of unemployment, TANF, child support, social security, one time income, etc.). Please provide documentation of the change. (i.e.: letter from the Social Security Administration, court order for child support, etc. If request is based upon the loss of "one-time" income, please attach a copy of the 2021 federal tax transcript showing the income and provide a letter explaining how the income was spent or why it is no longer available for your use to meet educational expenses.

- I, my spouse or one of my parents (if dependent) has high medical or dental expenses in excess of 11% of my/their 2021 or 2022 Adjusted Gross Income which may affect my financial picture. (Please provide copies of all medical bills paid in the 2021 or 2022 calendar year along with a summarized coversheet listing names and totals.)

- I, my spouse or one of my parents (if dependent) has other circumstances which should be taken in to consideration. Please provide a detailed letter of explanation and full documentation of the circumstance. Do not include credit card debt, house payments, car payments, etc.

- Other ( Please provide a detailed description and supporting documentation)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Please complete the following:

- Submit a letter from the employer documenting the last day of employment**, such as a resignation, termination or separation letter. This letter must be on official letterhead from the employer.
- Submit any supporting documentation listed below. Additional documentation may be requested upon review.
  - The most recent year-to-date paystub(s).
  - A statement of severance payments and benefits from your employer.
  - A statement of unemployment benefits (if applicable).
- Below, estimate only the income for the person who has experience the loss of employment.

<b>Estimated Income for June 1, 2022 - May 31, 2023</b>		
<b>Sources of Taxable Income</b>	<b>Student</b>	<b>Spouse</b>
Gross earnings from work		
Severance pay		
Gross unemployment compensation		
Business income		
Interest or dividend income		
Rental income		
Farm/ranch net income		
Taxable pension and/or annuity income		
IRA/Retirement account withdrawals		
Taxable Social Security Benefits/Disability		
Workers' Compensation		
Alimony received		
<b>Sources of Untaxable Income</b>	<b>Student</b>	<b>Spouse</b>
Child support received for all children in the household		
Payments to tax-deferred pension and savings plans		
IRA deductions & payments to SEP, SIMPLE, Keogh		
Tax exempt interest		
Untaxed portions of IRA distributions or pensions		
Housing, food and other living allowances paid to you		
Veterans non-education benefits		
Other untaxed income		

Note: If a line is left blank, you are certifying you have received no income from that source.

**Certification Statement**

By signing this form, I certify that all the information reported is complete and accurate.

\_\_\_\_\_  
 Signature of Student (required) Date

\_\_\_\_\_  
 Signature of Parent (required) Date

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**For Financial Aid Office Use Only:**

**Professional Judgment Request approved/denied by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**

\_\_\_\_\_