

SECTION A: STUDENT INFORMATION

2023-24 Professional Judgement Appeal Form

Clark State College is required to consider review all requests for adjustment based on special or/ and unusual circumstances. Financial aid for the 2023-2024 award year is based on 2021 income. If you and/or your family have had a significant change in your financial situation during 2021 or 2022, you may request to have your financial aid re-evaluated. Unusual Circumstances refers to conditions that justify an aid administrator making an adjustment to a student's dependency status.

| Name: | Student ID Number: | | | |
|---|--|--|--|--|
| Address: | City: | State: | Zip: | |
| Primary Phone: | | | | |
| Please allow 1-2 weeks for our response. Pleas must complete the FAFSA, and verification pr with copies of 2021 Federal tax return and W- | rocess if selected by | submitting all required ve | rification papers along | |
| SECTION B: REASON FOR REQUEST Please check your reason(s) below and subm required documentation. | it documentation th | at supports your appeal re | equest. See below for | |
| Dependency status override: Dependency S parent(s) and submit a copy of all documen additional letters of support from NON-relat counselor, medical authority, member of the confirm the statements in your letter of explyou, how long they have known you, and co | its that support the c tive third parties that e clergy, prison admin lanation. The letters o | laims in your letter. Also in knows the students situat histrator, government agen | clude two (2) signed ion such as a teacher, cy or court that can | |
| Loss of income or change in source of incon Loss or significant change in income: Parent current-year expected income. If there is a k as unemployment form. Include most recent | t/Student/Student's S oss of income, submi | Spouse: Submit proof of pr t proof of reason for and d | rior-year income and | |
| Medical and dental expenses not covered by i medical and dental payments made in the prior | | · · | • | |
| Death of parent/spouse: Submit a copy of the current-year income. | he death certificate a | nd surviving parent's or st | udent's expected | |
| ☐ Divorce or separation (Please Check One) ☐ separation from court or lawyer. Include the the custodial parent for dependent students | current-year expecte | | | |
| Other extenuating circumstances: Submit a documentation as possible to support your if necessary. | | | | |

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SECTION C: CERTIFICATION STATEMENT

I certify that all of the information on this form and accompanying documents are true and complete to the best of my knowledge. Furthermore, I affirm that I have not knowingly or intentionally provided any false or fraudulent documentation.

| Student Signature: | | Date: | | |
|--|------------------------|-------|--|--|
| Parent Signature (if parent inf | ormation is provided): | Date: | | |
| Acceptable signature formats include hand-written signatures, signatures made using a stylus or finger or an image representation of your signature. | | | | |
| | FOR OFFICE US | | | |
| L Approved L Denied Reason: | Reviewed by: | Date: | | |
| | | | | |