

CONCORDIA UNIVERSITY

WISCONSIN & ANN ARBOR

2021-2022

Professional Judgement Form

This form is provided by Concordia University, Office of Financial Aid, to review a special circumstance that may affect a student's financial aid.

Student's Name: _____
Student's ID Number: F00_____

Date: _____

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Section A

Professional Judgement Checklist

****You must complete all of the following steps before this application will be reviewed****

- Complete a 2021-2022 FAFSA
- Include all requested documentation in **Section B** "Situation, Description, and Documentation to Include" based on your family's situation
- Submit a written and signed statement in the space provided in **Section C** "Situation Statement" explaining the situation in detail

Section B

Situation, Description, and Documentation to Include:

- Loss of Job/ Reduction in Pay**
 - *must be documented for a minimum of 6 weeks before submitting Special Conditions Form***
 - Description:
 - o Person who's job was lost: _____
 - o Monthly wage amount: _____
 - o Monthly unemployment benefits: _____
 - o Date of separation: _____
 - Documentation:
 - o 2019 W2s for everyone in the household
 - o Letter detailing unemployment situation
 - o Separation letter from employer (if applicable)
 - o Most recent unemployment benefit
 - o Copy of last paycheck stub

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- **Medical Expenses**
 - Description:
 - Excessive uninsured medical costs for any family member included on FAFSA
 - Actual out of pocket costs from August 2020 to May 2021: _____
 - Anticipated out of pocket costs from August 2021 to May 2022: _____
 - Documentation:
 - Letter detailing situation – please be specific and include dates
 - Documentation of amount paid out of pocket
 - Please include bills/explanation of benefits as proof of costs
 - Concordia University's Medical Itemization Form
- **Marriage**
 - Description:
 - Includes parents of a dependent student OR the student if he/she is independent
 - Date married in 2021: _____
 - Documentation:
 - 2019 W2s for everyone in the household
 - Signed Tax Return Transcripts 2019 from both student and spouse
 - Marriage license
- **Divorce/separation**
 - Description:
 - Includes parents of a dependent student OR the student if he/she is independent
 - Date of divorce/separation: _____
 - Documentation:
 - 2019 W2s for everyone in the household
 - Divorce decree/separation agreement
- **Death in the family**
 - Description:
 - This includes any family member who was originally included on FAFSA
 - Documentation:
 - 2019 W2s for everyone in the household
 - Official documentation
 - Include death certificate
- **Private school cost**
 - Description:
 - This includes only K-12 tuition costs for private schools for persons other than the student who are a part of the family identified on FAFSA
 - Actual costs for all applicable children for the school year 2021-2022: _____
 - Documentation:
 - Official documentation to support the above statement (e.g. bills, statements, etc.)
- **Loss/reduction of untaxed income**
 - Description:
 - This includes social security; child support, etc.
 - Describe benefit: _____
 - 2020 Actual amount received: _____
 - 2021 Estimated amount to receive: _____
 - Documentation:
 - 2019 W2s for everyone in the household

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- Official documentation to support the above statement
- **IRA Rollover**
 - Description:
 - Funds included on FAFSA/taxes that don't reflect a withdraw from the IRA account but rather, a direct rollover for a new job
 - Documentation:
 - 2019 W2s for everyone in the household
 - Letter detailing situation – please be specific and include dates
 - Official documentation
 - Include Form 1099R
- **One time gift**
 - Description:
 - Reflected in 2019 tax return that will not reoccur
 - Identify type of payment: _____
 - Documentation:
 - 2019 W2s for everyone in the household
 - Official documentation to support the above statement

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Section C

Situation Statement

Please describe in detail the situation you are asking us to review. To ensure accuracy, include relevant dates, facts, and amounts.

By signing below, I attest that the information submitted in this appeal is accurate and true. I acknowledge that any false information is subject to consequences including but not limited to revocation of federal financial aid. I understand that completing this form does not guarantee any adjustments will be made to my Financial Aid Award and that any potential adjustments are only applicable for the current aid year and will not automatically apply for the next aid year. I understand that from the time all necessary documentation has been received, this review will take approximately two weeks to complete.

Please e-mail signed copy to Americanrescueplan@cuw.edu

F00_____

Student Name (Printed)

Parent Name (Printed)

Student Signature/Date

Parent Signature/Date