

# PROFESSIONAL JUDGMENT REQUEST FORM

This form is used to request a reconsideration of your 2025 - 2026 financial aid award. Please read the circumstances below and submit this form only if you have experienced one of these named circumstances. Please include supporting documentation for review. Your application for reconsideration will be considered incomplete without **all** of the requested information. Please be sure to include name and VID number on all supporting documentation. Upload this completed and signed form along with supporting documentation using the **Financial Aid Office Secure Document Upload Form, valenciacollege.edu/valenciafasubmit**. If you have questions about verification, visit our Virtual Financial Aid Services or schedule an appointment, **valenciacollege.edu/finaid** 

# **STUDENT NAME**

LAST NAME FIRST NAME M.I.

VALENCIA COLLEGE ID (VID) HOME PHONE (including area code)

Eligibility for financial aid is determined by the Free Application for Federal Student Aid (FAFSA), which currently uses financial information from two years prior to estimate a household's current circumstances. Financial Aid Services recognizes that households can experience changes in income or other finances that are not reflected in their information from two years prior.

When these situations occur, it is possible to re-evaluate a student's aid eligibility based on their current circumstances through the Professional Judgment (PJ) process. **All Professional Judgment applications are required to have a detailed letter of explanation and supporting documentation**. If you have been selected for Federal Verification, a Professional Judgment cannot be processed for changes until verification is complete.

There must be a significant change to the household finances to be considered for a Professional Judgment.

Non-applicable Circumstances

- Standard living expenses (utilities, car payments, etc.)
- Mortgage payments
- Credit card/other personal debts

- Filing for bankruptcy
- Vacation expenses
- All other discretionary expenses

# TYPES OF PROFESSIONAL JUDGEMENT:

# Change to Student Aid Index (SAI)

- Loss or change of employment
  - Note: A change in student's aid eligibility will likely not occur if:
    - The person who lost employment has currently been rehired and is earning a similar or higher salary than two years prior
    - The loss or change to income was not significant
- Child Support reduction or change
- Divorce/Separation of parents/spouse
- Change of marital status for dependent students
- Death of parent(s) or spouse
- Excessive out of pocket medical and/or dental expenses not covered by insurance
- One-time taxable income (IRA disbursement, pension distribution, etc)

A change to the SAI could, but is not guaranteed to, result in a change of eligibility for need-based awards.

## Change to Cost of Attendance (COA)

Out-of-pocket costs for the following:

- Costs associated with a student's disability
- Childcare expenses for a dependent child of the student
- One-time purchase of a computer for educational use
- One-time costs of professional licensure required for student's major

A change to the COA does not result in a change for eligibility for need-based awards, only increases the room in a student's budget for aid including PLUS and private loans.

AST NAME	FIRST NAME	M.I.
ALENCIA COLLEGE ID (VID)	HOME PHONE (including area code)	
Reasons for review of financial circumstances: (Check only the box that applies)		
☐ A. Loss or change of employment or income		
Signed detailed statement describing changes that result of income		all sources
<ul> <li>Copy of applicable tax return transcripts and/or W-2's, i</li> <li>Employer letter on letterhead reflecting last date of em</li> <li>Proof of unemployment benefits, if applicable</li> </ul>	• •	
Most recent paystubs showing year-to-date earnings, if	applicable	
☐ B. Change in student marital status after FAFSA filing		
A signed detailed written statement describing the char	nge in circumstances	
<ul><li>Copy of student's marriage certificate or divorce agreer</li><li>Signed copies of student's and spouse's most recent Fe</li></ul>	nent, whichever is applicable	
☐ C. Death of Parent or Spouse		
<ul> <li>A signed detailed written statement describing the char</li> <li>Copy of a death certificate of the deceased individual</li> <li>Copy of the final paycheck</li> </ul>	nge in circumstances	
<ul> <li>Documentation of any death benefits received (includin etc.)</li> </ul>	g but not limited to life insurance, social security, pens	ion payouts,
☐ D. Excessive Medical or Dental Expenses		
A signed detailed written statement describing expense	s paid out of pocket	
Copy of Schedule A from 2023, 2024 or 2025 Federal Tax     Attack hills (vaccints and an itematical list with a total of		
<ul> <li>Attach bills/receipts and an itemized list with a total of</li> </ul>	all medical and or dental expenses	
☐ E. Disability		
A signed detailed written statement describing expense	s paid out of pocket	
Documentation of disability diagnosis	d by anyone also valated to the aturdant's disability.	
<ul> <li>Documentation of costs paid by you and not reimburse (e.g. personal assistance, transportation, equipment, or</li> </ul>		
☐ F. Reduction in Child Support or Alimony		
• A signed detailed written statement describing the char	nges in circumstances	
<ul> <li>Documentation of change in divorce agreement specify</li> <li>Documentation of the total amount of alimony and child</li> </ul>		eement,
civil judgment, etc.)		
G Unusual or unexpected expenses not covered by so	maona alsa	

- ☐ G. Unusual or unexpected expenses not covered by someone else
- Signed detailed statement describing unusual or unexpected expenses, include dates
- Copy of applicable tax return transcripts and/or W-2's, if applicable
- If one of the following apply, please check the box and provide appropriate documentation:
  - Tuition expenses for elementary, secondary education, or daycare paid within the 2025 2026 award year. Please provide receipts
  - Parent attending college and paying out of pocket without reimbursements. Copy of schedule and tuition receipt, certified enrollment from Registrar's Office at the parent's institution

# STUDENT NAME LAST NAME FIRST NAME M.I. VALENCIA COLLEGE ID (VID) HOME PHONE (including area code) ☐ H. Other Reduction of Income • Signed detailed statement describing unusual or unexpected expenses, include dates • Copy of applicable tax return transcripts and/or W-2's, if applicable • Any supporting documentation that pertains to your income reduction ■ I. One-time Increase in Income • Signed detailed statement describing unusual or unexpected income, include dates • Copy of applicable tax return transcripts and/or W-2's, if applicable · Any supporting documentation that pertains to your income increase Please explain how these funds were used along with proof (i.e. Pension, IRA, Capital Gain) **CERTIFICATION** I (we) certify that all the information provided is correct. I (we) understand that adjustments can be approved only in situations provided for by federal regulation and policy that have been appropriately documented. If I (we) have not provided the required documents, my (our) request will be automatically denied. I (we) understand that providing false or deliberately misleading statements is a violation of federal law and may result in a prison sentence, fines, or both. STUDENT SIGNATURE DATE

### ADDITIONAL COMMENTS FROM STUDENT APPLICANT:

SIGNATURE OF PARENT 1 OR 2, IF DEPENDENT

All requested documentation must be attached to this form or it will not be accepted.

INTERNAL USE ONLY: Review of Financial Circumstances form would satisfy requirement: PJEVAL

DATE