

e: finaid@cornish.edu

## p: 206.726.5063 | f: 206.726.5109 1000 Lenora St., Seattle, WA 98121

**OFFICE OF FINANCIAL AID** 

### PROFESSIONAL JUDGMENT FORM 2023-2024

Name:	Student ID#:
Student Email:	
• • • • • • • • • • • • • • • • • • • •	
What is a Professional Judgment Re A Professional Judgment Review is a justifiable of your Expected Family Contribution (EFC) from on unusual or extenuating circumstances not re This form is for those students and families with for a reevaluation of financial aid. Submitting the financial aid.	and documented request for recalculation in the FAFSA, or your student budget, based eflected in your original FAFSA submission. in a special circumstance who may qualify
2022 2024 Type of Cityotion	•••••
<b>2023–2024 Type of Situation:</b> The following questions will help the Office of F Please click on the check box that best describ one option, if applicable.	•
A parent had a change in employmen	t status
<ul><li>A reduction or discontinuation of unta</li><li>Child Support</li><li>Social Security</li></ul>	exed income, such as:
Worker's Compensation Massive	
Change of income in 2022	
<ul><li>Loss of a one-time benefit or payment</li><li>IRA</li><li>Pension distribution</li></ul>	, such as:
Your family experienced outstanding a covered by insurance	medical/nursing home expenses not
You live in an abusive home environm	ent
Death in the family	
Your parents have separated or divorce	ed since submitting the FAFSA
New dependent care or elder care exp	penses

You have a special circumstance different from those described above





### Required Documentation:

- You must submit documentation to the Office of Financial Aid, depending on your circumstance(s). Refer to the table below for accepted documentation in each situation.
   Tax returns and W2s, if indicated, are always required. Besides tax returns, you must submit one document from the list, whichever most strongly supports your appeal.
- Please add your name and student ID# on every document you submit.
- Submit this form and required documentation via this secure link:
   Click here
- Use your Student ID# when uploading through the secure link

Circumstance	Required Documentation			
Loss of employment	<ul> <li>Tax return &amp; W2 for 2021 and 2022</li> <li>Letter from employer documenting final day of employment</li> <li>Documentation of unemployment and/ or disability benefits</li> </ul>			
Loss/reduction of benefits	<ul> <li>Tax return &amp; W2 for 2021 and 2022</li> <li>Documentation of termination of benefits</li> <li>Documentation of change in benefits</li> <li>Documentation of year-to-date benefits</li> </ul>			
Massive Change in Income	<ul> <li>Tax return &amp; W2 for 2021 and 2022</li> <li>Documentation with date of income change</li> <li>Pay stubs demonstrating different incomes</li> </ul>			
Outstanding Medical or Nursing Home Expenses	<ul> <li>Receipts/documentation of medical/ nursing home expenses paid out of pocket without reimbursement from insurance</li> <li>Proof of payment if not itemized</li> <li>Patient must be in household</li> </ul>			
Abusive Household	<ul><li>Testimonials from family or friends</li><li>Letter from a counselor/doctor</li></ul>			
Death of parent or spouse	Death Certificate			
Separation/Divorce	Separation: Court documentation or proof of separate households/ addresses Divorce: court documentation/decree			
New Dependent/Elder Care Expenses	<ul> <li>Birth certificate</li> <li>Proof of adoption</li> <li>Documentation of elder relative(s) added to the household/change of address</li> </ul>			

# FFICE OF FINANCIAL AII



### e: finaid@cornish.edu f: 206.726.5109 p: 206.726.5063 1000 Lenora St., Seattle, WA 98121

### **Professional Judgment Statement**

Use the space provided below to write a detailed and thorough statement regarding the circumstance(s) you would like to have reviewed. Please be as detailed as possible. This form will be stored in your confidential file. The Office of Financial Aid will review your situation once this form and required documentation are submitted.

We cannot process a Professional Judgment Review without required documentation. Please notify us if you foresee difficulty in obtaining any documents that may support the statements in your appeal. After receiving your completed form and documents, the Office of Financial Aid will process your appeal and contact you regarding the outcome.

By signing, I agree that the statement and documentation provided with this form are a correct representation of my current situation which will continue for the duration of this academic year. I understand that any false or misleading statement will be cause for denial of a Professional Judgment Review or a reduction of my financial aid award and could result in my owing a repayment of my financial aid. I further understand that any subsequent change in my circumstances during the year must be reported to the Office of Financial Aid immediately.

Student Signature:				Date:	
Parent OR Student Spouse Signature:				Date:	
Office Use Only:	•••••	• • • • • • • • • •		• • • • • • • • •	• • • • • • • • •
FAO Reviewed: Initia	ls:	Date	e:		
Director Approval:	Yes No	Initials:	Date:		-

3