



Office of Financial Aid & Scholarships

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## 2020-2021 PROFESSIONAL JUDGMENT (PJ) FORM

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

The purpose of this form is to allow the student and parent(s) to submit additional information resulting from one or more of the following scenarios below.  
 All valid requests for reconsideration **must** have this completed and signed **Professional Judgment (PJ) Form** attached to the required documents. Include the student's Dillard ID number on ALL correspondence. If the student is a dependent, both the student and at least one parent must sign this form. Please check all categories shown below that are applicable.

**\*\*INCOMPLETE PROFESSIONAL JUDGMENT REQUESTS WILL NOT BE CONSIDERED\*\***

| SITUATION:   | DOCUMENTATION REQUIRED:   |
|--|---|
| 1. Child Care  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of invoice and/or letter from the provider, stating amount paid per child per week/month.</li> </ul>   |
| 2. Decrease in Income/Loss of Income -- injury, full- time to part-time employment, left job to return to school, loss of benefits, layoff, termination, quit job<br><br><p style="text-align: center;"><b>FILE a PJ request AFTER JUNE 1<sup>st</sup></b></p> <input type="checkbox"/> 2019 Income Change: If your PJ Request is because your 2019 income will be less than 2018, <b>fill in the reverse side of this form.</b> Income loss must be substantial to make a difference in the Expected Family Contribution (EFC) that the Federal Government has determined on the FAFSA filed for the 2020-2021 award year.<br><br><input type="checkbox"/> 2020 Income Change: If your PJ Request is because your 2020 income will be less than 2018, <b>fill in the reverse side of this form.</b> Income loss must be substantial to make a difference in the Expected Family Contribution (EFC) that the Federal Government has determined on the FAFSA filed for the 2020-2021 award year.<br><br><input type="checkbox"/> <b>This request is COVID-19 related.</b> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Letter from employer citing change in work status or permanent separation date. Submit <b>eight weeks</b> after last date of employment.</li> <li><input type="checkbox"/> Copy of Last Pay Stub</li> <li><input type="checkbox"/> Copy of MOST RECENT PAY CHECK STUBS (Student &amp; Parents)</li> <li><input type="checkbox"/> Statement of benefits (i.e. Social Security has terminated for student reaching age 18). List benefits for all other members of the household.</li> <li><input type="checkbox"/> Copy of unemployment benefits stating the amount and number of weeks or statement of ineligibility for such benefits.</li> <li><input type="checkbox"/> Letter from parent listing child support termination date, and copy of supporting document(s). Include amounts if there are other children still receiving support payments.</li> <li><input type="checkbox"/> If the student is a dependent, filing for aid with both parents, we need income information for both, even if income for one parent has not changed.</li> <li><input type="checkbox"/> All Verification Documents: 2020-21 Verification Worksheet, Non-Traditional Household (if applicable), copy of <b>2018, 2019</b> IRS Tax Return Transcript, Schedules, <b>2018 &amp; 2019</b> W-2 Forms, etc. and all pertinent income verification.<br/>Year 2020: All Income received and will receive during year 2020.</li> </ul> |
| 3. Elementary/Secondary Tuition (for applicable year)  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of the paid invoice from the school. List only amounts paid in year 2018 or 2019, not including the entering Dillard student, if applicable.</li> </ul>  |
| 4. Medical Expenses<br><br>Submit <b>ONLY</b> medical expenses not covered by insurance for which <u>payments were already paid out-of-pocket</u> . <b>We will not consider any medical expenses which have not yet been paid.</b> Expenses incurred and paid in a previous calendar year are not eligible for PJ consideration.<br><br>If you are filing <u>both</u> a loss/decrease of income AND a medical PJ Request, the medical expense documentation must be for the year in which the family is requesting the change/payments were made ( <b>2018, 2019 or 2020</b> ). The medical expense must be out of pocket expenses in which you did not receive a tax credit on your Tax Return.<br><br>For the <b>2019 or 2020 projected year</b> medical expenses, submit documents for all <b>PAID</b> bills. We will only use amounts above 10% of your AGI or 7.5% for parents age 65 or older, since you may be able to claim up to that amount on your taxes. <b>FILE PJ Request AFTER JUNE 1.</b>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of 2018 or 2019 IRS Tax Return Transcript (including all schedules).</li> </ul> <p><b>Include the following if medical expenses were NOT claimed on your Federal Taxes.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copies of bills, AND cancelled checks or credit card statement reflecting these payments.</li> <li><input type="checkbox"/> Copies of explanation of benefits from the insurance company, showing payments made toward the amount due.</li> <li><input type="checkbox"/> Itemized list of monthly payments, AND cancelled checks or credit card statements reflecting the payments.</li> </ul>   |
| 5. Parent(s) attending college. Parent(s) attending college must be enrolled at least half-time during the 2020-2021 academic year and working toward a degree.  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Verification of enrollment from the Registrar's Office of the University or College that the parent(s) attends.</li> </ul>  |
| 6. Retirement  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Letter of separation from employer and copy of retirement benefits statement.</li> <li><input type="checkbox"/> Copy of last pay stub showing earnings prior to retirement</li> <li><input type="checkbox"/> If student is dependent, filing for aid with both parents, we need income information for both parents, even if income for one parent has not changed.</li> </ul>  |

**The counseling staff reserves the right to request additional documentation.**

**Be sure you have completed and submitted the following along with your PJ Request to us:**

- ☐ A **Verification Worksheet** (include copies of your & your spouse's or parent's 2018, 2019 IRS Tax Return Transcript and W-2(s) or Schedules (if applicable).
- ☐ A **detail letter** explaining how your family's situation or expenses have changed which meets one of the specified criteria from the list on the front of this page.
- ☐ Please give specific dollar amounts of reduced income which match the documentation you provide--\$X in child care expenses, \$X in medical expenses, etc.
- ☐ Provide proper documentation of your PJ Request. **See the chart on the front page for specifics.**

**SUBMIT ALL INCOME RECEIVED FOR THE REQUEST APPLICABLE YEAR (2018, 2019 AND/OR 2020)**

The requested information will be used to evaluate changes in your family situation and determine if allowable adjustments can be made in order to present a more realistic picture of the family's ability to contribute to the cost of education. Adjustments of financial aid awards are subject to the availability of funds.

**TO BE COMPLETED ONLY FOR PROJECTED YEAR LOSS / DECREASE OF INCOME.**  
**DOLLAR AMOUNTS MUST MATCH SUPPORTING DOCUMENTATION.**

**Projected Year Income and Asset Information (Estimated 2019 OR 2020 amounts from January—December calendar year).**

|   | <b>Student</b> ( <input type="checkbox"/> 2019 OR <input type="checkbox"/> 2020) |                              | <b>Parent</b> ( <input type="checkbox"/> 2019 OR <input type="checkbox"/> 2020) |       |
|---|--|------------------------------|---|-------|
| <b>I. Taxable Income</b>  |  |                              |   |       |
| Salary, Wages and Tips  | Student _____<br>Spouse _____  | Father _____<br>Mother _____ | _____   | _____ |
| Interest and/or dividend income   | Student _____<br>Spouse _____  | Father _____<br>Mother _____ | _____   | _____ |
| Net income (or loss) from business, farm, rents, royalties, partnerships, estates, trusts, etc.   | _____  |                              | _____   |       |
| Other taxable income such as alimony received, capital gains (or losses), pensions, annuities, unemployment benefits, etc.                          | _____  |                              | _____   |       |
| <b>II. Estimated Deductions</b>   |  |                              |   |       |
| U. S. Income Tax Paid (estimated)   | _____  |                              | _____   |       |
| Child Support PAID OUT  | _____  |                              | _____   |       |
| **Medical Expenses not covered by insurance   | _____  |                              | _____   |       |
| <b>III. Non-Taxable Income and Benefits</b>   |  |                              |   |       |
| **Social Security Benefits  | _____  |                              | _____   |       |
| ** Aid to Families with dependent children  | _____  |                              | _____   |       |
| **Child Support <b>Received</b>   | _____  |                              | _____   |       |
| **Other non-taxable income (such as housing/food/living allowances paid to military or clergy, child support received, worker's compensation, etc.) | _____  |                              | _____   |       |
| <b>IV. Other</b>  |  |                              |   |       |
| Household Size  | _____  |                              | _____   |       |
| Number in College   | _____  |                              | _____   |       |

We (I) affirm that the information on both sides of this form is correct and complete to the best of our (my) knowledge. We (I) certify that the Office of Financial Aid & Scholarships will be notified if circumstances change.

|                     |      |                    |      |
|---------------------|------|--------------------|------|
| Student's Signature | Date | Father's Signature | Date |
| Spouse's Signature  | Date | Mother's Signature | Date |

**\*\* Requires Documentation**