



LOUISIANA TECHNICAL COMMUNITY COLLEGE

Financial Aid

Professional Judgment Appeal 2021-2022
Dependent Student

Student Name _____

Student ID _____

Student DOB _____

Student Phone # _____

Parent(s) Name _____

Parent Email _____

Northwest Louisiana Technical Community College recognizes that standard financial aid forms do not always capture the full financial profile of our students and their families. Through the use of Professional Judgment, the Financial Aid Office **may** be able to make adjustments to your FAFSA® which **could** result in a recalculation of aid eligibility at Northwest Louisiana Technical College. All Professional Judgment cases are subject to a review and are not guaranteed to result in any additional financial aid. Please note that Professional Judgment requests will be processed with the understanding that it is the responsibility of the student to utilize all federal financial aid sources made available to them.

Please review the options below and check all circumstances that apply. Please review the details of each circumstance to see if further action is required. If you have questions do not hesitate to contact your campus Financial Aid Office

- Major medical expenses that were not covered by insurance and were paid for out of pocket. DO NOT include payments for health insurance premiums. Expenses must be above 11% of AGI. Please provide your signed 2019 IRS Tax Transcript or signed 2019 tax return and Schedule A and proof of payment.

• Please indicate amount here \$ _____

- Tuition payments made for elementary/secondary costs for dependent children attending private school. Please provide proof of payment.

- Please indicate total amount here \$ _____
- Please indicate names and ages of students for whom this tuition was paid.

Student name _____ Age _____

Student name _____ Age _____

- Parent in college at least half time in a degree-seeking program. Proof of enrollment.

• Parent name _____

School name _____

Name of Certificate/Degree program _____

Fall 2020 credits _____

Spring 2021 credits _____

Total Cost (Tuition/Fees) \$ _____

- Child Support received ended.

- If you indicated an amount of child support received in 2019 on the FAFSA®, and this support ended after 2019, please indicate the date this occurred: _____ and provide an explanation using a separate piece of paper.

Lump sum distribution or non-recurring income in 2019 has inflated your Adjusted Gross Income.

- Please indicate amount here \$ _____
- Along with this form, please also submit copies of your signed 2019 and 2020 IRS Tax Return Transcript or signed 2019 and 2020 Tax Return, an itemized statement detailing how this additional income was spent, and a 1099-R if applicable.
- Please note that in some cases, not all distributions or non-recurring income are able to be removed under Professional Judgment. Your counselor will evaluate your request to determine if Professional Judgment is able to be exercised. Please also note that in most cases, students are only able to apply for this option once during the student's tenure at Northwest LTC.

Divorce or Separation.

- Copy of separation, divorce decree or copy of mortgage/lease proving separate residences
- Copy of 2019 W2(s) and signed 2019 IRS Tax Transcript or signed 2019 Tax Return if taxes were filed jointly

Decrease in Parent(s) Income after January 1, 2019, as a result of job loss, retirement, death/disability, or other wage reduction.

- All supporting documentation including:
 - Signed and dated letter on company letterhead from employer listing last date of employment, total earnings from January 1, 2019 through last date of employment
 - Copy of last pay stub
 - Documentation of severance/benefits/unemployment compensation
 - Statement of expected 2020 or 2021 wages (use below section)
- Along with the above forms, please submit a copy of your signed 2019 and 2020 IRS Tax Return Transcript or signed 2019 and 2020 Tax Return.

EXPECTED 2020 or 2021 INCOME (circle year)	STUDENT	PARENT 1	PARENT 2
Expected Earned From Work	\$ _____	\$ _____	\$ _____
Other Income (Unemployment, Workman's Comp, etc.)	\$ _____	\$ _____	\$ _____
Total Expected 2020 or 2021 Income	\$ _____	\$ _____	\$ _____

Other special or unusual circumstance(s).

- If your concern is not covered in any of the above options, please give us a brief summary below of your concern. Your counselor will evaluate the request to determine if further action is possible. Attach a separate page if more space is needed.

Certification Statement: I certify that the information provided on this form is complete and accurate to the best of my knowledge. If requested, I agree to submit additional proof or documentation of the information listed above.

Student Signature _____ Date _____

Parent Signature _____ Date _____