

## **Financial Assistance Office**

202 Picken Hall 600 Park Street Hays, KS 67601

(785) 628-4408 (800) 628-FHSU (785) 628-4014 (fax)

2023-2024 **Professional Judgment** (Special Circumstances) Request

| STUDENT INFORMATION                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                      |  |
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| Street Address                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                    | City                                                                                                                                                                                                                                                                                          | State                                                                                                                                                                                                                                                                                                                                   | Zip Code                                                                                                                                                                             |  |
| E-mail Address                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               | Phone Number                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                      |  |
| that there may be circum-<br>current financial situation<br>circumstances. Examples<br>have a situation that is no<br>the student's financial aid<br>are reviewed after this fo<br>notified of the result by e<br>eligibility. You must hav<br>on this request apply to a<br><b>Requests for ac</b> | completing this form. The Ostances when the Free Application. Professional judgment is the of possible circumstances are to categorized. Through the use application which could resum and all supporting docume mail. A review does not guarate a completed FAFSA on file id eligibility at FHSU only. Ljustments and all supporting be suspended the two weeks p | ation for Federal Student Aid<br>e ability to change a student's<br>e listed below; however, this<br>e of professional judgment,<br>alt in a recalculation of the stants are received. This review<br>antee an adjustment to your at<br>at FHSU before any adjustment g documentation must be | d (FAFSA) does not accurate a financial assistance based list is not intended to be all a financial aid administrator tudent's eligibility. Profession way take up to 45 days to aid and may, in fact, result in the can be considered. Administrator tudent and may in fact, result in the can be considered. Administrator to April 1 | rely reflect a family's on unusual or special linclusive, as you may may be able to adjust onal Judgment Requests complete. You will be na decrease in justments made based 5, 2024. |  |
| REQUIRED DOCUMEN                                                                                                                                                                                                                                                                                    | TATION FOR ALL PROFES                                                                                                                                                                                                                                                                                                                                              | SIONAL JUDGMENT REQ                                                                                                                                                                                                                                                                           | QUESTS                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                      |  |
| <ul> <li>Please include student's</li> <li>Letter of Expla</li> <li>Verification- We wind completed the verification</li> </ul>                                                                                                                                                                     | ents to a student's financial aimame and FHSU ID number of nation. Write a detailed describl review your request once we eation process for 2023-2024, and for the submit verification.                                                                                                                                                                            | on the top of each page submit<br>ription of the special circum<br>e receive your Professional<br>you will be required to prov                                                                                                                                                                | nitted.<br>stances that affect your fina<br>Judgment worksheet. If you                                                                                                                                                                                                                                                                  | ncial situation. have not previously                                                                                                                                                 |  |
| CHECK EACH CIRCUM                                                                                                                                                                                                                                                                                   | ISTANCE AFFECTING YOU                                                                                                                                                                                                                                                                                                                                              | R FINANCIAL SITUATION                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                      |  |
| <ul> <li>the top of each page subn</li> <li>a signed copy of</li> <li>all 2022 W-2 fo</li> <li>Any other spec reviewed.</li> <li>Dependent students</li> </ul>                                                                                                                                      | your <b>2022 Federal Income</b> T                                                                                                                                                                                                                                                                                                                                  | Fax Return(s), including so or each circumstance. Addit you and your parent(s)/step-                                                                                                                                                                                                          | hedules 1, A, C, or F (if file ional documents may be reconstructed)                                                                                                                                                                                                                                                                    | d),                                                                                                                                                                                  |  |
| year to date summary and submitting this form. (If Must include Dependent S                                                                                                                                                                                                                         | n student/spouse income or particular documentation of other sources submitting after December 31 estimated gross income for 20 tudent: Father \$                                                                                                                                                                                                                  | ces of income. Loss of job i<br>, 2023 must submit 2023 Fe<br>23 of person experiencing la<br>Mother \$                                                                                                                                                                                       | must have occurred at least ederal Tax Return) oss/reduction of income. Student \$                                                                                                                                                                                                                                                      | 10 weeks prior to                                                                                                                                                                    |  |

3. Death of student's parent or spouse: Submit documentation such as death certificate or obituary showing date of death.

separated to apply.) Must include date of divorce/separation and be prior to January 1, 2024.

\_ 2. Divorce/separation: Submit divorce decree/separation agreement if legally separated. (You do not have to be legally

|                                                 | 4. Received one-time income distribution (e.g., inheritance, moving expense allowance due to job relocation, back year social security payments, or IRA or pension distribution. If IRA or pension was rolled over in the full amount, select option in Section B.6.): Provide documentation to identify the source of income and itemized statement of how that income was spent.                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                 | 5. <b>Legal Fees</b> : A family has paid legal fees (divorce, death, adoption) that are not deductible on a federal tax return. Include copies of canceled checks or statements of account to confirm amounts paid.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                 | 6. Excessive medical expenses <u>not covered</u> by insurance or Health Savings Accounts: Include copies of the canceled checks or a statement of account to confirm amounts PAID. This does not include what you owe.  • Include Schedule A, if completed as part of your 2021 or 2022 federal tax return.                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| submit a                                        | B: If you are submitting a Professional Judgment Request for any of the circumstances in Section B, you do <u>not</u> need to copy of your 2022 Federal Income Tax Return(s) or W-2 forms (unless specifically requested.) Additional documents may ted as your file is reviewed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                 | 1. Loss of benefit (e.g., loss of social security benefits or child support because the child turned 18): Submit letter from Social Security Administration, or Form 1099 for reported tax year, or divorce decree that indicates when child support ends.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| •                                               | 2. A family maintains two households (generally temporarily) because of employment changes: Provide proof of utility bills, rent, and dates for second household.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                 | 3. <b>Parent(s) enrolled</b> at least half time in a post-secondary school for the 2023-2024 school year in a program leading to a degree or certificate. If your parent(s) is enrolled at FHSU, please include that information, their name(s), and FHSU ID number(s) in your letter. <i>Submit with a copy of class schedule and PAID tuition statement if parent is not attending FHSU</i> .                                                                                                                                                                                                                                                                                                                                                           |
|                                                 | 4. <b>Dependent care costs</b> paid for the care of a dependent family member (e.g., care for a child with special needs, a disabled or elderly family member): <i>Submit copies of costs for their care or itemized statement of expenses</i> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                 | 5. <b>Educational loan repayment:</b> Submit a copy of current statement or canceled checks showing most recent months of payments. <i>Can submit up to 12 most recent months of payment.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                 | 6. <b>IRA or Pension Rollover:</b> Must roll over entire amount. (If any distribution, select option 4 in Section A.) <i>Submit copy of 1099-R from original financial institution.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                 | C: If your circumstance is not listed in one of the categories above, please include a detailed description of the circumstance opeal letter. Additional documentation may be required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                 | 1. <b>Other</b> circumstance not included in any categories listed above in Section A or B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                 | All Professional Judgment reviews and adjustments are at the discretion of the Financial Assistance Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| I agree to<br>approval ounderstand<br>this appe | tion of Understanding: The information I submit in support of this appeal is true and complete to the best of my knowledge, provide proof of all appeal information as indicated above. I understand that approval of this request does not assure of a similar future request and that any financial assistance offered is limited by the availability of funds in any given year. I nd that the information provided in past appeals may be reviewed for accuracy and this can impact the outcome of the cal. Further, the accuracy of the information I submit in this appeal can affect the outcome of any future appeals I mit. I also understand that if I purposely give false or misleading information, I may be fined, sent to prison, or both. |
| Signature                                       | of StudentDate:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Printed N                                       | fame of ParentParent's E-mail (Optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Signature                                       | of Parent*Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

\* Required for all dependent students.