



A Great Place To Start™
A Member of the Alabama Community College System

Office of Financial Aid
Professional Judgment Appeal
Loss of Income

Student Name: _____

Bishop State ID A _____

Student Email: _____@**bishop.edu**

In certain circumstances, a student’s financial aid eligibility can be reviewed for a possible recalculation when the information that was used to determine eligibility is no longer relevant. Return this form and all required documentation to the Financial Aid Office.

Requests for special consideration such as a Professional Judgment Appeal will be reviewed in the order they are received, and after all initial file reviews have been completed. Our first priority is to ensure that ALL students have received an initial award prior to reviewing requests for special consideration. Therefore, you may experience a significant delay from the time you submit your Professional Judgment appeal form until your request is reviewed.

REDUCTION OF INCOME: Is your total income considerably less in 2021 than in 2019 for any of the following reasons?

- Loss of income (such as – wages, unemployment, social security, child support)
- Divorce/separation (attach copy of divorce or legal separation papers)
- Death of a spouse (attach copy of death certificate)
- Loss of income due to disability (attach documentation, i.e. letter from Workers’ Comp)
- One-Time income (examples: inheritance, moving expense allowance, insurance settlement or IRA or pension distribution). **You will be required to explain why this one-time income is not available for education expenses, as well as provide proof of where the income was spent and why.**

What is the date of the above change? _____

PLEASE NOTE: If loss of income is due to divorce or separation, you must attach a copy of the separation or divorce agreement. We only need the pages showing the name of the parties and the page signed by the judge. If loss of income was due to death of a spouse, you must attach a copy of the death certificate, obituary notice, or printed memorial service program. If you had a loss of benefits, unemployment, workers’ compensation, or one-time income, provide a letter or other documentation from the appropriate agency or company confirming the loss of income or benefit.

ESTIMATED 20__ INCOME: (Please circle year)

- Parents (of dependent students)**
Please complete the 2021 income for parents using the best projections for the time period indicated. Report the gross amount before taxes for each income source. Include all income already earned or received as well as what is expected to be earned or received for the 2021 calendar year (Jan. 1, 2021 to Dec. 31, 2021). Attach a photocopy of the most recent wage and earnings statement showing year-to-date income for any jobs you have had during 2020 and 2021.
- Student**
Please complete the 2021 income information using the best projections for the year. Report the gross amount before taxes for each income source. Include all income already earned or received (except work study) as well as what is expected to be earned or received for the 2021 calendar year (Jan. 1, 2021 to Dec. 31, 2021). Attach a photocopy of the most recent wage and earning statement showing year-to-date income for any jobs you have had during 2020 and 2021.

Income Source(s)

Jan. 1 – Dec. 31, 2021

| | |
|--|----------|
| Wages, Salaries, Tips – Father | \$ _____ |
| Wages, Salaries, Tips – Mother | \$ _____ |
| Wages, Salaries, Tips – Student | \$ _____ |
| Wages, Salaries, Tips – Spouse | \$ _____ |
| Interest.Dividend Income | \$ _____ |
| Interest on Tax-Free Bonds | \$ _____ |
| Welfare Benefits | \$ _____ |
| Alimony/Child Support Benefits | \$ _____ |
| Unemployment Compensation | \$ _____ |
| Worker’s Compensation | \$ _____ |
| Pensions/Annuities | \$ _____ |
| Capital Gains | \$ _____ |
| Rental Income | \$ _____ |
| Business/Farm Income | \$ _____ |
| Housing/Food Allowance – Military, Clergy, etc. | \$ _____ |
| Veteran’s Benefits – other than educational benefits | \$ _____ |
| Insurance Settlements | \$ _____ |
| Other Income | \$ _____ |
| | \$ _____ |
| | \$ _____ |

Please initial the following statements indicating that you have read and understand:

_____ I have attached a written statement in the form of a letter, pertaining to my change in circumstances. This letter should be as specific as possible.

_____ I have attached supporting documentation which **MUST** be included. Please note, after a financial aid administrator reviews this information; additional information/documentation may be requested.

_____ I understand verification requirements will be placed on my account and I will **NOT** be eligible for any aid, until all requirements are complete and satisfied.

_____ I understand it is my responsibility to communicate with the Office of Financial Aid regarding the status of this professional judgement appeal.

_____ I understand that I may not request an income reduction simply because 2021’s income is less than 2019’s income. There needs to be mitigating circumstances that can be documented.

CERTIFICATION: All of the information on this form is true and complete to the best of my/our knowledge. I/We realize that if I/We do not give documentation to verify this information when requested, and if such documentation does not support these estimates, the financial aid applicant may be liable for repayment of any aid received based on these estimates or a reduction of aid eligibility in future award periods. **WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, and/or removed from school.**

Student’s Signature no electronic signature, original only

Parent/Spouse’s Signature no electronic signature, original only