

Professional Judgment Request Due to Special Circumstances 2018-2019

	For Office Use Only:			
	Verified:	Yes	□No	
	Verif. Done?:	: 🗌 Yes	□No	
8	EFC =			

IMPORTANT: This form may only be submitted on or after October 1, 2018

NOTIFY THE CASHIERS OFFICE: if you have an unpaid tuition balance and are awaiting the results of this request!

Student information							
Student ID # Student's		s Last Name		Student's First Name		ne	MI
Address		City			State		Zip
Program of Study		Phone Number ()		Ema	ail Address (other than school email)		chool email)
Instructions							
Students must be admitted into a Financial Aid eligible program before submitting this form. Requests will NOT be reviewed if your current EFC (Expected Family Contribution) is 100 or lower.							
A Request for Professional Judgment may be filed if you have extenuating circumstances, which you believe warrant a reevaluation of your financial aid.							
Circumstances may include, but are not limited to:							
Loss or change of emplo	yment / Decrease in	income	Loss or change in the amount of child support, Social Security, or other benefits				
Divorce or separation of parent(s) or spouse			Death of parent(s) or spouse				
Circumstances that are NOT considered special and will NOT be reviewed:							
Standard living expenses (utilities, credit card payments, mortgages, rent, medical insurance premiums)			Refusal of a parent to provide financial support				
Chapter 7 personal bank	Anything that "might happen" in the future such as a pending reduction in income						
Who Experienced the Special Circumstance: (check all that apply)							
☐ YOU (the	☐ Student's Spou	se [☐ Father / S	Step-Fa	ther	☐ Mother	/ Step-Mother
Student) Name (first, last):							
Phone Number:							
Email Address:							

Each Special Circumstances Form Must Include the Following:

- ✓ This form, completed, signed, and dated by student and the spouse or parent (if applicable).
- ✓ Type and attach a **self-written/signed letter** explaining your situation.
 - Include as much detail as possible, including dates, figures, etc. so that we have an accurate understanding of how your financial situation has changed and what it will be between 7/1/2018 and 6/30/2019.
 - To view an example of a completed form and letter, please go to Current_students>Financial Aid>Financial Aid Forms>2018-2019 Financial Aid Forms">www.ntc.edu>Current_students>Financial Aid>Financial Aid Forms and look for Sample Special Circumstances Form 2018-2019.
- ✓ WORKER'S COMPENSATION annual benefit statement for any of the above individuals (if applicable).

Incomplete request forms will not be reviewed until all documentation has been submitted.

Please Indicate The Special Circumstance(s) You Would Like Our Office to Consider:

ntation and amount) on and amount) ness, farm, in-kind
in job status. r-to-date earnings. es, you must include r week.
tax return: fon (if applicable). Indicate the state of the stat

Please Indicate the S	pecial Circumstance(s) You Would Like Our Office to Consider:			
Reduction or Loss of Untaxed Income and/or Benefits	Decial Circumstance(s) You Would Like Our Office to Consider: Unemployment Benefits: ✓ Attach an official statement indicating termination of unemployment compensation, stating the ending date and monthly amount received. Child Support: ✓ Attach a copy of Court or Child Service Agency documents stating benefit ending date, monthly amount received, and total amount received in 2017 for specific child or children. ✓ Attach a copy of the divorce decree. Social Security: ✓ Attach a copy of the notification you received concerning your loss of Social Security income stating the benefit ending date and monthly amount received. Other: Please specify:			
	Attach supporting documentation from the resource, describing the benefit, the timeline it was received, the reason(s) it is no longer available, the ending date, and monthly amount received.			
Reduction in Income Due to Death of a Spouse or Parent	 ✓ A copy of the death certificate or obituary notice. ✓ Are there survivor benefits (Social Security, life insurance, etc.)? Yes – Provide documentation. No – Provide statement in your letter indicating no benefits are to be received. 			
he review may or may no notify you of the results v	viewed within 3 – 4 weeks. Depending on your circumstances and current eligibility, it warrant a change in your overall financial aid package. The Financial Aid Office will with an email to your NTC student email account. If you have any questions, please at financialaid@ntc.edu .			
ny knowledge. I understan	provided on this form and accompanying documentation is true and correct to the best of ad that underestimating projected income or giving false or misleading information could not ility, repayment of aid, or both in the current or next academic year; but also result in being			

referred to the United States Department of Education's Inspector General leading to fines, jail, or both. I further understand that submission of this form does not guarantee an increase in my financial aid package. Student Signature ID# Date

Return documentation to the Financial Aid Office via:

Email: financialaid@ntc.edu

Spouse's or Parent's Signature

Mail: 1000 W Campus Drive, Wausau WI 54401

Fax: 715.301.2904

OR: drop off at the Financial Aid Office

A financial aid advisor is available to discuss your situation or answer questions as you complete this form. Please feel free to call us for assistance at 888.NTC.7144, Ext. 5862.

Date

Decisions on special circumstances vary by institution and are at the discretion of the Financial Aid Office.