

Student's Name (Last, First, MI)

Student ID/ Star ID

Student's Email Address

Student's Phone Number

The Higher Education Act allows students financial aid advisors to address unusual circumstances utilizing professional judgment. The professional judgment process may allow Northland's Director of Financial Aid additional forms of student financial aid by modifying FAFSA data. While we welcome the opportunity to review a family's unique situation, we cannot guarantee that each review will produce a specific, desired outcome.

**You must complete the following steps:**

1. Place a check mark beside any situation that may apply as listed below
2. Write a detailed letter of appeal explaining your special circumstance and submit it with this form.
3. Submit the required documentation listed for each item you checked.

*\*Write the student's name and student/star ID on the top of every additional page submitted\**

**Check the boxes that apply and submit the corresponding documentation.**

- Loss of Income for student and/or spouse/parent.
- 2018 IRS Tax Information – Signed copy of IRS Federal Tax return including Schedule 1, 2, and/or 3, W-2s
  - Layoff/termination notice, unemployment compensation papers

*If this request is based on student's reduced income, will the student be looking for a part-time job while attending college?*  YES  NO

- Death of Parent/Spouse after current year FAFSA was filed
- Copy of Death Certificate or Obituary
  - Signed copy of IRS Federal Tax return including Schedule 1, 2, and/or 3, W-2s
  - Documentation supporting current income
- Separation/Divorce after current year FAFSA was filed
- Proof of Legal Separation/Divorce
  - Signed copy of IRS Federal Tax return including Schedule 1, 2, and/or 3, W-2s
- Increase in cost of attendance
- Proof of additional program costs and/or transportation expenses
- Major medical expenses not covered by insurance, already paid out of pocket.
- A copy of Schedule A if you included medical expenses in your itemized deductions
  - Copies of receipts documenting your medical payments and expenses
- Parent attending college at least half-time in a degree-seeking (or diploma) program
- A letter from your parent's Registrar Office verifying your parent's degree, the beginning and ending dates of your parent's program, and your parent's enrollment status.

*\*A copy of your parent's course schedule will not be accepted as documentation*

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Use the space provided to list monthly income from ALL sources, such as:

<b>Sources of Taxable Income</b>	<ul style="list-style-type: none"> <li>○ Gross earnings from work</li> <li>○ Severance Pay</li> <li>○ Unemployment Compensation</li> <li>○ Business Income</li> <li>○ Rental Income</li> <li>○ Capital Gains</li> </ul>	<ul style="list-style-type: none"> <li>○ Taxable Pension/Annuity Income</li> <li>○ IRA/Retirement Income</li> <li>○ Taxable Social Security/Disability Benefits</li> <li>○ Workers Compensation</li> <li>○ Other Taxed Income</li> </ul>
<b>Sources of Untaxed Income</b>	<ul style="list-style-type: none"> <li>○ Child Support received for all children in household</li> <li>○ Payments to tax-deferred pension/savings</li> <li>○ IRA Deductions</li> <li>○ Tax exempt interest</li> <li>○ Housing/food allowance paid to you</li> <li>○ Veteran non-education benefits</li> <li>○ Other Untaxed Income</li> </ul>	

Source of Income	Student	Spouse/Parent 1	Parent 2
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

**All circumstances require accurate and complete supporting documentation before a decision can be made. Any materials that you believe would be beneficial to you or your family’s current financial situation should be included. Additional documentation is often requested during review.**

I/we understand that all information requested by the financial aid office must be submitted before a judgment can be made. Approval of this application does not guarantee additional financial aid.

I/we certify under penalty of perjury that the information provided on this form and for this professional judgment appeal is accurate and complete to the best of my/our knowledge.

\_\_\_\_\_  
Student Signature Date Parent’s Signature (if dependant) Date

**Financial Aid Office Use Only**

**Approved**       **Denied**      **Reason:**

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\_\_\_\_\_  
Financial Aid Officer Signature Date Financial Aid Director Signature Date

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This document is available in alternative formats to individuals with disabilities, consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service by dialing 711 (toll-free nationwide).