FINANCIAL AID OFFICE
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REQUEST FOR PROFESSIONAL JUDGMENT 2024-2025 – DEPENDENT STUDENTS

INSTRUCTIONS: According to federal laws and regulations, a family's **2022** income is used to assess financial need for the **2024-2025** school year. If a family's **current income** is lower due to unusual circumstances, a financial aid administrator may be able to use the 2024-25 academic year income to assess financial need. Please provide information regarding your reduction by completing this form.

Student's Name _____ **GCCC ID** _____
Last *First* *M.I.*

I. DECREASED INCOME: Please mark the reason(s) that you/your parent(s) income will be less now than in 2022.

A. ☐ **REDUCTION IN EARNINGS OR LOSS OF OTHER INCOME:** This could include a reduction in earnings, loss of employment or taxable social security benefits, child support, or other taxed or untaxed income. Specify who this circumstance pertains to:
Father_____Mother_____Student_____ Date reduction/loss occurred_____
You must attach a separate sheet that explains what income was lost or reduced and the reasons.

B. ☐ **DIVORCE OR SEPARATION:** Since applying for financial aid, parents have become divorced or separated. Date of separation / divorce_____. When completing Section II below, give information about the parent you lived with most in the last 12 months. ***Include a copy of the divorce decree or notarized GCCC Affidavit of Separation.***

C. ☐ **DEATH OF A PARENT:** Since applying for financial aid, a parent has died. Date (MM/DD/YY) _____. Give information about the surviving parent when completing Section II below. ***Please provide a death certificate. (If no surviving parent, contact the Financial Aid office).***

D. ☐ **ONE-TIME INCOME:** (i.e. inheritance, moving expense allowance, back year taxable Social Security payments, or lump sum retirement or IRA distribution). ***You must attach a separate sheet or copies to identify the source of income and how funds were spent or invested such as cancelled checks, account statements, etc.***

E. ☐ **EXCESSIVE OUT-OF–POCKET MEDICAL EXPENSES:** Parents pay large medical bills. ***You must submit documentation (i.e. copies of canceled checks or printouts from medical facilities) indicating amounts actually paid.*** Section II needs to be completed.

F. ☐ **OTHER:** Specifically identify another reasonable circumstance that would substantiate a reduction in income for the academic year 2024-25. ***You must attach a separate sheet that explains the circumstances***.

II. Complete the chart on the back of this page. ***YOU MUST PROVIDE DOCUMENTATION OF ALL INCOME.*** Documentation should include recent pay stubs with year-to- date earnings or a letter from an employer stating total earnings. Also, provide a worksheet (or fill in blanks below) showing the means used to calculate the estimate(s) of future income from work**.** All income listed should be GROSS income (before deductions).

INCOME FOR JULY 1, 2024 TO JUNE 30, 2025 REPORT <u>GROSS</u> EARNINGS (before deductions)	**ACTUAL 07-01-2024 TO TODAY**	**ESTIMATED TODAY TO 06-30-2025**	**TOTAL (ACTUAL + ESTIMATED)**
2024-25 income earned from work by <u>father</u> (wages, salaries, tips, net business/farm income)	$	$	$
2024-25 income earned from work by <u>mother</u> (wages, salaries, tips, net business/farm income)	$	$	$
2024-25 income earned from work by <u>student</u> (wages, salaries, tips, net business/farm income)	$	$	$
Other taxable income (dividends, interest, pensions, alimony, unemployment compensation, capital gains, etc.) SOURCE:	$	$	$
Taxable Social Security Benefits	$	$	$
Child support received	$	$	$
Other untaxed income (earned income credit, welfare benefits, workers comp, payments to IRA/KEOGH, etc.) SOURCE:	$	$	$
Total Income for Academic Year 2024-2025	$	$	$

III. CERTIFICATION: I certify that the information provided above is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this form if asked by the Office of Financial Aid. I also realize that if I do not provide proof when asked, the student may not receive financial aid. (If parents are divorced, separated, or widowed, only the parent providing the information on this form is required to sign.)

_____ _____

Parent Signature *Date* *Student Signature* *Date*

Mother:

_____ X $_____ X _____ = _____

Hours Working per Week $ Per hour Weeks Left Until 06/30/25 Estimated Amount

Father:

_____ X $_____ X _____ = _____

Hours Working per Week $ Per hour Weeks Left Until 06/30/25 Estimated Amount

Student:

_____ X $_____ X _____ = _____

Hours Working per Week $ Per hour Weeks Left Until 06/30/25 Estimated Amount