

2019 – 2020
Gavilan College – Financial Aid Office
Parent Request for Professional Judgment

If your parent has experienced extenuating circumstances (financial, household size) in 2019, you may request a review of your information to determine if **professional judgment** is appropriate. Professional judgment is used by the Financial Aid Office only when the outcome results in a lower **Expected Family Contribution (EFC)**. The EFC is used to award federal grants, work study and student loans.

You will be required to provide supporting documentation to verify your situation.

The Financial Aid Office will notify you as to the outcome of this request.

This is a 3-part process.

Part 1: To be Completed by Financial Aid Office

 Student Name

 Gavilan ID

1. Would student benefit from professional judgment?

EFC must be greater than zero.

EFC= _____ on Transaction # _____

2. Student is required to submit the following verification documents:

____ Dependent Verification Worksheet

____ Use IRS Data Retrieval **OR** Request Tax Transcript is required for Parents & Student

3. Documentation Requested of PARENTS for 2019:

____ W2 Forms for 2018

____ Workers Compensation statement

____ Last check stub with Year-to-Date earnings

____ Disability statement

____ Letter of termination from your employer

____ Divorce documents

____ Unemployment benefits statement

____ Death certificate

____ Notice of Action (TANF)

____ Other _____

____ Social Security benefits statement

____ Other _____

 Staff Signature

 Date

Student Name _____

Gavilan ID _____

Part 2: To be Completed by Parent

What income, household changes are you reporting for 2019?

Check the appropriate situation(s):

Date this became effective:

- ☐ Unemployment since
☐ Separation since
☐ Divorce since
☐ Death of spouse
☐ Other _____

____/____/____
____/____/____
____/____/____
____/____/____
____/____/____

Mother's Income from January – December 2019:

Wages from Work

Year to date amount
from most recent check stub
or W-2?

Employer

Currently working
w/this employer?

If yes, how many hrs
are you working?

\$ _____	_____	_____	_____ hrs per _____
\$ _____	_____	_____	_____ hrs per _____
\$ _____	_____	_____	_____ hrs per _____
\$ _____	_____	_____	_____ hrs per _____

All other income & benefits

Source

Currently receiving
these benefits?

If benefits will stop/stopped
list date benefits will stop(ped)

\$ _____ every _____	_____	_____	_____
\$ _____ every _____	_____	_____	_____
\$ _____ every _____	_____	_____	_____
\$ _____ every _____	_____	_____	_____

Student Name _____

Gavilan ID _____

Part 2: To be Completed by Parent (continued)

Father's Income from January – December 2019:

Wages from Work

Year to date amount from most recent check stub or W-2?	Employer	Currently working w/this employer?	If yes, how many hrs are you working?
\$ _____	_____	_____	_____ hrs per _____
\$ _____	_____	_____	_____ hrs per _____
\$ _____	_____	_____	_____ hrs per _____
\$ _____	_____	_____	_____ hrs per _____

All other income & benefits

	Source	Currently receiving these benefits?	If benefits will stop/stopped list date benefits will stop(ped)
\$ _____ every _____	_____	_____	_____
\$ _____ every _____	_____	_____	_____
\$ _____ every _____	_____	_____	_____
\$ _____ every _____	_____	_____	_____

Part 3: Certification (Read carefully before you sign)

My signature below indicates:

- Information submitted on this form and attached documentation is true and correct.
- I understand if I purposely give false or misleading information:
 - The Financial Aid Office is required to correct any discrepancies.
 - The student will be billed for aid he/she was not eligible to receive.
 - A hold will be placed on student account, until all funds owed to Gavilan College are paid in full.
 - A national hold will be reported to the U.S. Dept. of Education, which will prevent student from collecting future grants, work study and student loans at any U.S. college, university, until I repay all aid to Gavilan College.

Student's Signature

Date

Parent's Signature

Date