

2017 - 2018
Gavilan College – Financial Aid Office
Student Request for Professional Judgment

If you (or your spouse) have experienced extenuating circumstances (financial, household size) in 2017, 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:

___ Independent Verification Worksheet **OR** Dependent Verification Worksheet

___ Use IRS Data Retrieval **OR** Request Tax Transcript is required.

3. Documentation Requested of Student & Spouse for 2017:

___ W2 Forms for 2017

___ 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 Student

What income, household changes are you reporting for 2017?

Check the appropriate situation(s):

Date this became effective:

- | | |
|---|----------------|
| <input type="checkbox"/> You've been unemployed since | ____/____/____ |
| <input type="checkbox"/> Separation since | ____/____/____ |
| <input type="checkbox"/> Divorce since | ____/____/____ |
| <input type="checkbox"/> Death of spouse | ____/____/____ |
| <input type="checkbox"/> Other _____ | ____/____/____ |

Student's Income from January – December 2017:

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 Student (continued)

Spouse's Income from January – December 2017:

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.
 - I will be billed for aid I was not eligible to receive.
 - A hold will be placed on my 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 me 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 _____