

**2018 - 2019**  
**Gavilan College – Financial Aid Office**  
**Student Request for Professional Judgment**

If you (or your spouse) have experienced extenuating circumstances (financial, household size) in 2018, 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 2018:**

\_\_\_ 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 2018?

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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 2018:

#### 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 2018:**

**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 \_\_\_\_\_