2014 – 2015
Gavilan College – Financial Aid Office
Parent Request for Professional Judgment

If your parent has experienced extenuating circumstances (financial, household size) in 2014, 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 2014:

   ___ W2 Forms for 2014
   ___ 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

Page 1 of 3
Part 2: To be Completed by Parent

What income, household changes are you reporting for 2014?

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
                                                                                     
Check the appropriate situation(s):

☐ Unemployment since __________/________/________  
☐ Separation since __________/________/________  
☐ Divorce since __________/________/________  
☐ Death of spouse __________/________/________  
☐ Other __________________________  

Date this became effective:  

☐ __________/________/________  
☐ __________/________/________  
☐ __________/________/________  
☐ __________/________/________  

Mother’s Income from January – December 2014:

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?  

$_________________________  
$_________________________  
$_________________________  
$_________________________

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 2:  To be Completed by Parent (continued)

Father’s Income from January – December 2014:

Wages from Work

<table>
<thead>
<tr>
<th>Year to date amount from most recent check stub or W-2?</th>
<th>Employer</th>
<th>Currently working w/this employer?</th>
<th>If yes, how many hrs are you working?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$___________________________</td>
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All other income & benefits

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<tr>
<th>Source</th>
<th>Currently receiving these benefits?</th>
<th>If benefits will stop/stopped list date benefits will stop(ped)</th>
</tr>
</thead>
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<tr>
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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