2015 – 2016
Gavilan College – Financial Aid Office
Parent Request for Professional Judgment

If your parent has experienced extenuating circumstances (financial, household size) in 2015, 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 2015:
   ___ W2 Forms for 2015
   ___ Last check stub with Year-to-Date earnings
   ___ Letter of termination from your employer
   ___ Unemployment benefits statement
   ___ Notice of Action (TANF)
   ___ Social Security benefits statement
   ___ Workers Compensation statement
   ___ Disability statement
   ___ Divorce documents
   ___ Death certificate
   ___ Other __________________________________________
   ___ Other __________________________________________

________________________________________________________________________
Staff Signature                                                      Date
Part 2: To be Completed by Parent

What income, household changes are you reporting for 2015?

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

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 2015:

**Wages from Work**

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

<table>
<thead>
<tr>
<th>Employer</th>
<th>Currently working w/this employer?</th>
<th>Hrs per</th>
</tr>
</thead>
<tbody>
<tr>
<td>$__________</td>
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</tr>
</tbody>
</table>

**All other income & benefits**

Source | Currently receiving these benefits? | If benefits will stop/stopped list date benefits will stop(ped)

<table>
<thead>
<tr>
<th>Source</th>
<th>_________________________________</th>
<th>_________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>$_______ every ________</td>
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</tbody>
</table>
**Part 2: To be Completed by Parent (continued)**

*Father’s Income from January – December 2015:*

**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>
<td>__________</td>
<td>_________</td>
<td>_________ hrs per__________</td>
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<th>Currently receiving these benefits?</th>
<th>If benefits will stop/stopped list date benefits will stop(ped)</th>
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<tbody>
<tr>
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<td>__________</td>
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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