Gavilan College – Financial Aid Office
Student Request for Professional Judgment

If you (or your spouse) have 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:

   ___ Independent Verification Worksheet OR Dependent Verification Worksheet
   ___ Use IRS Data Retrieval OR Request Tax Transcript is required.

3. Documentation Requested of Student & Spouse for 2014:

   ____ W2 Forms for 2014
   ____ 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__________________________

__________________________________________________________________________ Date
Staff Signature

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

What income, household changes are you reporting for 2014?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Check the appropriate situation(s):

☐ You’ve been unemployed since
☐ Separation since
☐ Divorce since
☐ Death of spouse
☐ Other_____________________

Date this became effective:

☐ You’ve been unemployed since
☐ Separation since
☐ Divorce since
☐ Death of spouse
☐ Other_____________________

Student’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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<td>_________ hrs per _________</td>
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All other income & benefits

<table>
<thead>
<tr>
<th>Source</th>
<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>
<td>$_______ every_______</td>
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</table>
Part 2: To be Completed by Student (continued)

**Spouse's Income from January – December 2014:**

**Wages from Work**

<table>
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<tr>
<th>Year to date amount from most recent check stub or W-2?</th>
<th>Employer</th>
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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.
  - 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 __________________________