## 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 Gavilan ID Student Name 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 **and** one of the following: Parent's 2016 Tax Return & W-2 Forms Use IRS Data Retrieval to transfer income from IRS to FAFSA Submit IRS Tax Transcript for: Parent Student 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 \_\_\_\_\_ Divorce documents Letter of termination from your employer Death certificate Unemployment benefits statement \_\_\_ Notice of Action (TANF) Other Social Security benefits statement Other\_\_\_\_

Date

Staff Signature

Student Name			Gavilan ID	Gavilan ID		
Part 2:	To be Com	pleted by Stude	nt			
What incor	ne, household ch	anges are you repo	orting for 2018?			
Check the	appropriate situat	ion(s):	Date this became effective:			
	You've been uner	mployed since				
	Separation since Divorce since		/			
	Death of spouse					
	Other					
Wages fror Year to date from most r	m Work	<b>nuary – Decembe</b> Employer	er 2018:  Currently working w/this employer?			
or W-2? \$				hrs per		
Φ.				hrs per		
\$				hrs per		
\$				hrs per		
All other in	come & 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 Com	npleted by Student (continued)				
Spouse's	<mark>Income from Ja</mark>	nuary – December 201	1 <mark>8:</mark>			
Wages fron	n 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?		
\$	<del></del>			hrs per		
\$				hrs per		
\$				hrs per		
\$				hrs per		
All other in	come & benefits	Source	Currently receiving these benefits?	If benefits will stop/stopped list date benefits will stop(ped)		
\$	every					
\$	every					
\$	every					
\$	every					
Part 3:	Certificatio	n (Read carefully be	fore you sign)			
My signature	e below indicates:					
• Info	rmation submitted	on this form and attached	documentation is true and correct.			
• I un	derstand if I purpo	sely give false or misleadir	ng information:			
	➤ The Financial A	Aid Office is required to co	rrect any discrepancies.			
	➤ I will be billed for	or aid I was not eligible to	receive.			
	➤ A hold will be p	laced on my student acco	unt, until all funds owed to Gavilan	College are paid in full.		
			S. Dept. of Education, which will pre my U.S. college, university, until I re			
Student's Si	gnature					