



FRIENDS UNIVERSITY

Office of Financial Aid

Financial Aid Professional Judgment Request 2021-2022

Step 1: Please identify the special circumstance(s) from the list below and check the applicable box(es) for the person(s) affected. * **Additional documents may be requested.***

Special Circumstances	Explanation	Person(s) Affected	Required Documentation
Employment Change	Student/spouse and/or your parent(s) had a significant loss of income in 2020, 2021 and/or 2022 due to a period of unemployment, a change of job or going from full-time to part-time employment. Loss of employment or substantial reduction in income from work must have lasted at least 6 weeks.	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none"> • 2021-22 Verification Worksheet • 2019 and 2020 IRS Tax Return Transcripts, W-2s and/or 1099 statements • Unemployment payment record • Letter from employer(s) on letterhead, certifying the last date of employment or reduction of work hours or pay rate • Most recent paystubs • Personal letter of explanation
Income Loss	Student/spouse and/or your parent(s) earned income in 2019, but have not been able to earn income in 2020, 2021, 2022 because of a disability or natural disaster that occurred in 2020 or 2021.	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none"> • 2021-22 Verification Worksheet • 2019 and 2020 IRS Tax Return Transcripts, W-2s and/or 1099 statements • Statement from agency with effective dates of benefits • Most recent paystubs • Personal letter of explanation
Benefit Loss	Student/spouse and/or parent(s) received unemployment compensation and/or untaxed benefit in 2019 or 2020, but have completely lost the benefit in 2020, 2021 and/or 2022. The untaxed income or benefit must be from a public or private agency, from a company or from an authorized individual due to a court order.	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none"> • 2021-22 Verification Worksheet • 2019 and 2020 IRS Tax Return Transcripts, W-2s and/or 1099 statements • Statement from agency with effective dates(s) of loss/cancellation of benefits • Personal letter of explanation
Divorce/ Separation	Student or parent separated or divorced after filing a FAFSA	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none"> • 2021-22 Verification Worksheet • 2019 and 2020 IRS Tax Return Transcripts, W-2s and/or 1099 statements • Copy of divorce decree. If not legally separated, proof of different addresses (utility bill, lease indicating period of separation). • Lease with dates that include the period of separation • Child support received or paid • Personal letter of explanation
Death	Death of spouse or parent after filling a FAFSA	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none"> • 2021-22 Verification Worksheet • 2019 and 2020 IRS Tax Return Transcripts, W-2s and/or 1099 statements • Copy of death certificate • Social Security Benefits (if applicable) • Most recent paystubs • Personal letter of explanation
Exceptional Medical/Dental Expenses	An unusually high amount of medical/dental expenses paid out of pocket during 2019 (does not include payments made by insurance)	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none"> • 2021-22 Verification Worksheet • 2019 and 2020 IRS Tax Return Transcripts, W-2s and/or 1099 statements • Medical/dental expenses should be claimed on a federal tax return as medical deductions • Personal letter of explanation



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Step 2: For the person(s) affected by the special circumstances, please provide a detailed personal letter of explanation of the changes that occurred. The statement must include:

- **Employment change** → Statement should explain the dates of employment, time periods in which reduction or loss of wages occurred
- **Income/Benefits Loss** → Statement should explain the dates income/benefits began and when it ended
- **Divorce/Separation** → Statement should include the date of the divorce or separation. It should also include amounts and dates on which any additional income is to be received. This may include alimony, child support, etc.
- **Exceptional Medical/Dental expenses** → Statement should include amounts paid for medical/dental expenses that were NOT covered by medical insurance

PLEASE PRINT your statement on the space provided below legibly and clearly or **TYPE** your statement and attach it to this form. Your signature/date will be required on all typed statements.



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Step 3: Certification

All of the information provided in this appeal is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide additional documentation for the information given on this form or any documentation submitted for the professional judgment. I understand that the Professional Judgment form submitted without required supporting documentation and letter of explanation will not be reviewed. I also understand that submission of a Professional Judgment form does not guarantee that my financial aid will be adjusted and that I am responsible for any outstanding balance owed to the university.

Student’s Signature: _____ Date: _____

Parent’s Signature (If Applicable): _____ Date: _____

Digital, electronic, stylus and font signatures cannot be accepted. Please print this form to sign before submitting.

If you have any questions, please call (316) 295-5200 or (800) 794-6945, ext. 5200. You may submit this form in person, fax (316) 295-5703 or mail. Please be sure and encrypt any email that contains personal identifiable information (PII). We are unable to accept PII that has not been encrypted.

If you purposely give false or misleading information, you may be fined \$20,000, sentenced to jail or both.