



Office of Financial Aid – K 1.700
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 Phone: (956) 872-8375*Fax: (956) 872-6461
 www.southtexascollege.edu/finaid/

PROFESSIONAL JUDGEMENT

D
 2007-08

INCOME REDUCTION OR LOSS

Student Name: _____ SSN: _____

THE PURPOSE OF THIS FORM IS TO GUIDE STUDENTS AND PARENTS THROUGH THE PROCESS OF APPEALING TO THE OFFICE OF FINANCIAL AID BECAUSE OF A CHANGE IN FINANCIAL CIRCUMSTANCES IN THEIR HOUSEHOLD.

PLEASE FOLLOW THE INSTRUCTIONS BELOW TO REQUEST PROFESSIONAL JUDGMENT

STEP ONE:

Submit the following documents with this form to the Office of Financial Aid:

1. This form, completed, with student’s and parent’s signatures.
2. Letter explaining the reason(s) why total income for your household in 2007 will be different from the year 2006. *Please make the letter as clear and as detailed as possible so the committee will be able to understand your special circumstances.*
3. Employment Verification: A letter from the current employer or former employer verifying employment for the individual requesting an adjustment. It must be on company letterhead, and the name and phone number of the contact person must be included. A notarized statement is also accepted if, for some reason the employer is not able to give information. A statement is required explaining why the employer is not able to give information.

This letter must indicate the following:

- The beginning and ending dates of employment
 - Number of hours worked weekly
 - Rate of pay
4. Copy of the last check stub from any previous and current jobs where money was earned in the year 2007, showing year-to-date wages.
 5. Print-out of unemployment benefits from Texas Workforce Commission for the individual requesting that their income be adjusted. Even if there were no benefits received, we need at least a blank print out from them.
 6. *If this change is the result of the **death of a spouse or parent**, please include a copy of the death certificate.*
 7. *If this change is the result of a **divorce**, please include a copy of the divorce decree.*

STEP TWO:

PLEASE COMPLETE THE CHART BELOW SUMMARIZING YOUR EXPECTED
INCOME FOR YEAR 2007

ANTICIPATED INCOME 1/1/2007 TO 12/31/2007	STUDENT	PARENT
Wages, salary, tips: severance, disability & income from work	\$	
Other taxable income: interest, dividend, bus. or rental income	\$	
Untaxed Social Security Benefits	\$	
Aid to Families with Dependent Children (AFDC) benefits	\$	
Child support or alimony to be received	\$	
Any taxed income: workers' comp, earned income credit, etc...	\$	
Other untaxed income (unemployment benefits, etc.)	\$	
Total	\$	

STEP THREE:

1. Submit this form and the required documentation from step one to the Office of Financial Aid.

I hereby certify that the above information is true and complete to the best of my knowledge. I also acknowledge that it is my responsibility to check on the final result of this professional judgment. I understand that incomplete applications will not be considered and that it is my responsibility to be sure that the application is **COMPLETE**.

The Office of Financial Aid reserves the right to request additional information if deemed necessary. It is the student's responsibility to check on the final outcome of this professional judgment.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Financial Aid Use Only			
Financial Aid Advisors: _____			
Decision:	Approved	Disapproved	Pending
Date:	____/____/____	____/____/____	____/____/____
Comments: _____			

