



2020-2021 Professional Judgment Worksheet

(Due census date of term appealing (no summer PJs))

Social Security Number

Grid for Social Security Number with dashes in the 4th and 7th positions.

Student ID Number

Grid for Student ID Number starting with 'S' in the first position.

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Telephone Number

2020-2021 financial aid eligibility is based upon the information you provided on the 2020-2021 Free Application for Federal Student Aid (FAFSA). A request for professional judgment is appropriate when you, your spouse or your parents experience a change in income that was reported on your original financial aid application. This request must include a written statement, attached to this document that discusses the reason for the requested change. This request form, along with SUPPORTING DOCUMENTATION, must be submitted to the Office of Financial Aid before the middle of the term in which you are requesting consideration. A request without documentation will not be considered.

Students will be notified in writing when a decision is made. This notification may be in the form of an award letter and/or corrected Student Aid Report. Each request will be reviewed on a case by case basis. Approval or denial of the appeal will be determined by a Financial Aid Officer and is final. Approval of this application does not guarantee that you will receive any additional financial aid.

I, my spouse or one of my parents (if dependent) has experienced a change in income from work. Effective Date: \_\_\_\_\_. Who has experienced the change of income from work? \_\_\_\_\_. (You must document actual income, as well as projected income for the 2019 calendar year. Please include a statement of the reason for change in employment and include details of any severance benefits that may be applicable.) Please attach a copy of your (or your parents) 2017 IRS Federal Tax Return Transcript and ALL W-2's.

I, my spouse or one of my parents (if dependent) has had a change in income, other than from work since 2017 (loss of unemployment, TANF, child support, social security, one time income, etc.). Please provide documentation of the change. (i.e.: letter from the Social Security Administration, court order for child support, etc. If request is based upon the loss of "one-time" income, please attach a copy of the 2017 IRS Federal Tax Return Transcript and ALL W-2's showing the income and provide a letter explaining how the income was spent or why it is no longer available for your use to meet educational expenses)

I, my spouse or one of my parents (if dependent) has high medical or dental expenses in excess of 11% of my/their 2017 Adjusted Gross Income which may affect my financial picture. (Please provide copies of all medical bills paid in the 2019 calendar year.)

I, my spouse or one of my parents (if dependent) has other circumstances which should be taken into consideration. Please provide a detailed letter of explanation and full documentation of the circumstance. Do not include credit card debt, house payments, car payments, etc.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTICE OF NON-DISCRIMINATION

MCC employees and students shall not be subjected to unlawful discrimination and/or harassment on the basis of sex/gender, race, color, age, creed, national or ethnic origin, physical or mental disability, veteran status, pregnancy status, religion, genetic information, gender identity, or sexual orientation in its employment practices or educational programs and activities. Lack of English skills will not be a barrier to admission to, or participation in, the college. For more info, including where to direct inquiries, visit: http://www.MorganCC.edu/about-mcc/legal-notices.

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For Financial Aid Office Use Only:

Professional Judgment Request approved/denied by: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Review conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Anticipated Total Income, Earnings, and Benefits for Calendar Year 2020  
(January 1 – December 31, 2020)**

<b>SOURCES OF INCOME</b> Do not leave any sections blank. Write "0" if income type does not apply	<b>Parent(s)</b>		<b>Student (and Spouse)</b>	
	Actual 2020 year-to-date income (not monthly)	Expected total 2020 income	Actual 2020 year-to-date income (not monthly)	Expected total 2020 income
2020 income earned from work (includes earnings from wages, salaries, tips, business, and farm income). Include work-study earnings.	\$ _____ Father/Stepfather \$ _____ Mother/Stepmother	\$ _____ Father/Stepfather \$ _____ Mother/Stepmother	\$ _____ Student \$ _____ Spouse	\$ _____ Student \$ _____ Spouse
Interest and dividend income	\$	\$	\$	\$
Unemployment compensation	\$	\$	\$	\$
Net amount received of withdrawal from pensions or annuities (IRA, Keogh, etc.) – do not include rollovers	\$	\$	\$	\$
Capital gain and/or other gains	\$	\$	\$	\$
Cash received, or money paid on your behalf, not reported elsewhere on this form. Do not include cash received from a parent whose information is provided on this form			\$	\$
Alimony/maintenance	\$	\$	\$	\$
Other income, including rental income (list type): _____	\$	\$	\$	\$
Taxable social security benefits, including Supplemental Security Income. Include amounts received for yourself and your children	\$	\$	\$	\$
Combat pay – only the portion that will be taxed. Use the most current Leave Earnings Statement. Take total combat pay and subtract untaxed portion )	\$	\$	\$	\$
Veterans' non-education benefits *(see below)				
Child support RECEIVED for all children	\$	\$	\$	\$
Other untaxed income and benefits* (see below)	\$	\$	\$	\$
Child support you have to PAY in 2020	\$(-)	\$(-)	\$(-)	\$(-)
Earnings from federal or state work-study programs	\$(-)	\$(-)	\$(-)	\$(-)
<b>TOTAL EXPECTED 2020 INCOME</b>	////////////////////	\$	////////////////////	\$

\* Include 2020 payments to tax-deferred pension and savings plans (paid directly or withheld from earnings). Include untaxed portions of 401(k) and 403(b) plans; deductible IRA and/or Keogh payments; tax exempt interest income; foreign income; housing, food, and living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits); workers' compensation; veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC); any other untaxed income and benefits such as VA Educational Work-Study allowances, untaxed portions of Railroad Retirement Benefits, Black Lung Benefits, etc.

**Do not include student aid; payments & services received for foster care or adoption assistance; per capita payments to Native Americans; heating/fuel assistance; flexible spending arrangements; welfare benefits; untaxed Social Security benefits; earned income credit; additional child tax credit; combat pay; foreign income exclusion and credit for federal tax on special fuels; Workforce Investment Act educational benefits or in-kind support. Examples of in-kind income would be food stamp program (SNAP); WIC; food distribution program; National school Lunch & school breakfast programs; commodity supplemental food program (CSFP); special milk program for children; daycare provided by Social Services Block Grant Programs; WIA (formally JTPA) educational benefits; and rollover pensions.**

# 2020-2021 Change in Income from Work: 12-Month Period Supplemental Worksheet

Name \_\_\_\_\_ S# \_\_\_\_\_

If you indicated a change in income from work on the 2020-2021 Professional Judgment Worksheet, please provide the following information for additional consideration.

You must provide verifiable third-party documentation of the changed circumstances in order to support your request. For example, if you or someone in your household has lost a job, you must provide documentation of the individual's loss of employment (i.e., a letter from employer or proof of unemployment benefits.) For a reduction in hours worked/salary, please provide copies of current paystubs. Please attach a copy of your 2018 Federal Tax Transcript or a copy of your Signed Tax Return and all W-2's with your request. You can request a copy of your tax transcript from the IRS at [www.irs.gov](http://www.irs.gov) or by calling 1-800-908-9946.

Please project your expected household income for a 12-month period beginning with the month following the change in income. For example, if you lost your job or took a significant salary cut beginning in November 2019, project your income for the next 12-month period (December 2019 through November 2020).

**Date of Loss/Reduction in Income:** \_\_\_\_\_ **Who has experienced the change in income?** \_\_\_\_\_

**I am projecting my household income for the 12 month period beginning** \_\_\_\_\_ **through** \_\_\_\_\_.

<b>SOURCES OF INCOME</b>	<b>Parent(s)</b>	<b>Student (and Spouse)</b>
<b>Do not leave any sections blank. Write "0" if income type does not apply</b>	Total Expected 12 Month Income for the Period Listed Above (Not Monthly)	Total Expected 12 Month Income for the Period Listed Above (Not Monthly)
Income earned from work (includes earnings from wages, salaries, tips, business, and farm income). Include work-study earnings.	\$ _____ Father/Stepfather \$ _____ Mother/Stepmother	\$ _____ Student \$ _____ Spouse
Interest and dividend income	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Net amount received of withdrawal from pensions or annuities (IRA, Keogh, etc.) – <b>do not include rollovers</b>	\$ _____	\$ _____
Capital gain and/or other gains	\$ _____	\$ _____
Cash received, or money paid on your behalf, not reported elsewhere on this form. Do not include cash received from a parent whose information is provided on this form	\$ _____	\$ _____

Alimony/maintenance	\$	\$
Other income, including rental income (list type): _____	\$	\$
Taxable social security benefits, including Supplemental Security Income. Include amounts received for yourself and your children	\$	\$
Combat pay – only the portion that will be taxed. Use the most current Leave Earnings Statement. Take total combat pay and subtract untaxed portion )	\$	\$
Veterans' non-education benefits *(see below)	\$	\$
Child support you will <b>RECEIVE</b> during 12-month period	\$	\$
Other untaxed income and benefits* (see below)	\$	\$
Child support you will <b>PAY</b> during 12-month period	\$(-)	\$(-)
Earnings from federal or state work-study programs	\$(-)	\$(-)
<b>TOTAL EXPECTED 12 MONTH INCOME</b>	\$	\$

\* Include 2019 payments to tax-deferred pension and savings plans (paid directly or withheld from earnings). Include untaxed portions of 401(k) and 403(b) plans; deductible IRA and/or Keogh payments; tax exempt interest income; foreign income; housing, food, and living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits); workers' compensation; veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC); any other untaxed income and benefits such as VA Educational Work-Study allowances, untaxed portions of Railroad Retirement Benefits, Black Lung Benefits, etc.

**Do not include student aid; payments & services received for foster care or adoption assistance; per capita payments to Native Americans; heating/fuel assistance; flexible spending arrangements; welfare benefits; untaxed Social Security benefits; earned income credit; additional child tax credit; combat pay; foreign income exclusion and credit for federal tax on special fuels; Workforce Investment Act educational benefits or in-kind support. Examples of in-kind income would be food stamp program(SNAP); WIC; food distribution program; National school Lunch & school breakfast programs; commodity supplemental food program (CSFP); special milk program for children; daycare provided by Social Services Block Grant Programs; WIA (formally JTPA) educational benefits; and rollover pensions.**

I certify that the above financial projection is accurate and complete.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date