

| Prof | essic | nal | Jud | lgme | $\mathbf{ent}$ . | App | eal            | 2023 | 3-20 | 24 |
|------|-------|-----|-----|------|------------------|-----|----------------|------|------|----|
|      |       | D   | epe | ndeı | nt S             | tud | $\mathbf{ent}$ |      |      |    |

| Student Name   | Student ID   |
|--|--|
| Student DOB  | Student Phone #  |
| Parent(s) Name   | Parent Email   |
| the full financial profile of our students and the Office <u>may</u> be able to make adjustments to your Northwest Louisiana Technical College. All Proferesult in any additional financial aid. Please note | ege recognizes that standard financial aid forms do not always capture fir families. Through the use of Professional Judgment, the Financial Aid FAFSA® which could result in a recalculation of aid eligibility at ssional Judgment cases are subject to a review and are not guaranteed to that Professional Judgment requests will be processed with the student to utilize all federal financial aid sources made available to them. |
|  | circumstances that apply. Please review the details of each  If you have questions do not hesitate to contact your   |
| NOT include payments for health insura provide your signed 2021 IRS Tax Transpayment.  •Please indicate amount here \$   | covered by insurance and were paid for out of pocket. DO ance premiums. Expenses must be above 11% of AGI. Please cript or signed 2021 tax return and Schedule A and proof of  |
| Please provide proof of payment.   | ,  |
| <ul> <li>Please indicate total amount here \$ _</li> </ul>   |  |
| <ul> <li>Please indicate names and ages of stu</li> </ul>  | udents for whom this tuition was paid.   |
| Student name   |  |
| Student name   | Age  |
| Parent in college at least half time in a compared to the parent name  |  |
|  | port received in 2021 on the FAFSA®, and this support ended after 2021, please indicate and provide a an explanation using a separate piece of paper.  |

| <ul> <li>Please indicate amount here \$         <ul> <li>Along with this form, please also submit of Tax Return, an itemized statement detailiful</li> <li>Please note that in some cases, not all displayment. Your counselor will evaluate you note that in most cases, students are only</li> </ul> </li> </ul>   | ng how this additions or non-rour request to dete            | nal income was spent, and<br>ecurring income are able t<br>rmine if Professional Judg | eturn Transcript or signed 2021 and 202<br>l a 1099-R if applicable.<br>to be removed under Professional<br>gment is able to be exercised. Please als |
|--|--|---|---|
| ☐ Divorce or Separation.   |  |   |   |
| <ul> <li>Copy of separation, divorce decree or co</li> <li>Copy of 2021 W2(s) and signed 2021 IRS</li> </ul>   |  |   |   |
| <ul> <li>Decrease in Parent(s) Income after Janu<br/>death/disability, or other wage reduction</li> </ul>  | •  | a result of job loss,   | retirement,   |
| <ul> <li>All supporting documentation including:</li> <li>Signed and dated letter on confrom January 1, 2021 through</li> <li>Copy of last pay stub</li> <li>Documentation of severance/b</li> <li>Statement of expected 2022 or</li> <li>Along with the above forms, please subnaces</li> </ul>   | last date of emplo<br>enefits/unemployr<br>2023 wages (use b | yment ment compensation pelow section)  | t date of employment, total earnings<br>Tax Return Transcript or signed 2021 a  |
| EXPECTED 2022 or 2023 INCOME (circle year)   | STUDENT  | PARENT 1  | PARENT 2  |
| Expected Earned From Work  | \$   | \$  | \$  |
| Other Income (Unemployment, Workman's Comp, etc.)  | \$   | \$  | \$  |
|  |  |   |   |
| Total Expected 2022 or 2023 Income   | \$   | \$  | \$  |
| Other special or unusual circumstance(s  If your concern is not covered in any of the above evaluate the request to determine if further acceptable.   | s).<br>ove options, please                                   | give us a brief summary be  | elow of your concern. Your counselor w  |
| <ul> <li>Other special or unusual circumstance(s</li> <li>If your concern is not covered in any of the about</li> </ul>  | s).  ove options, please tion is possible. Att               | give us a brief summary be<br>ach a separate page if mor                              | elow of your concern. Your counselor we space is needed.  |
| Other special or unusual circumstance(s  If your concern is not covered in any of the above evaluate the request to determine if further acceptable to the special or unusual circumstance (s)  Example 1. It is not covered in any of the above evaluate the request to determine if further acceptable to the special or unusual circumstance (s)  Example 2. It is not covered in any of the above evaluate the request to determine if further acceptable to determine it is not covered in any of the acceptable to determine it is not covered in any of the acceptable to determine it is not covered in any of the acceptable to determine it is not covered in any of the acceptable to determine it is not covered in any of the acceptable to determine it is not covered in any of the acceptable to determine it is not covered in acceptable | s).  Eve options, please tion is possible. Att               | give us a brief summary be<br>ach a separate page if mor<br>orm is complete and accu  | elow of your concern. Your counselor we space is needed.  |