

Office of Financial Aid

## 2023-2024 Professional Judgment Dependent Student Application

Name \_\_\_\_\_ *please print* Banner ID \_\_\_\_\_

Bravemail \_\_\_\_\_@bravemail.uncp.edu Phone \_\_\_\_\_

The Office of Financial Aid may use Professional Judgment (PJ) on a case-by-case basis only to adjust the student’s cost of attendance or the data used to calculate the student’s Estimated Family Contribution (EFC). The reason for the adjustment must be documented and submitted along with this application.

### STEP ONE: Explanation of Special Circumstances

Provide a typed, detailed letter of explanation regarding your current situation that you are asking us to consider. Please remember to include applicable dates and any documentation supporting your circumstance. If sufficient documentation is not provided, the Professional Judgment Application will be denied as the application will be incomplete.

### STEP TWO: Explanation of Circumstances and Additional Required Documents

SITUATION (check the box for your situation)	REQUIRED DOCUMENTATION (check if included)
<input type="checkbox"/> Your parent(s) had a total loss of full-time employment for at least 10 weeks in 2022 or 2023.  <input type="checkbox"/> Your parent(s) lost employment due to a disability or federally designated natural disaster for more than 10 consecutive weeks in 2022 or 2023. This situation must be a total loss of employment  Name of person unemployed: _____  Their relationship to student: _____  Number of weeks unemployed in 2022 or 2023: _____	<input type="checkbox"/> Explanation of Situation Statement ( <b>Signed and Dated</b> ) <input type="checkbox"/> Copies of 2021 and 2022 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2021 and 2022 W-2 and 1099 forms <input type="checkbox"/> 2023-2024 Dependent Verification Worksheet <input type="checkbox"/> Employer’s written notice of termination of employment <input type="checkbox"/> Copies of most recent pay stubs for all 2023 employment <input type="checkbox"/> <i>Benefit Payment History</i> for all unemployment compensation <input type="checkbox"/> Document all others sources of income (taxed & untaxed) <b><u>In Addition (as applicable)</u></b> <input type="checkbox"/> Attending physician’s statement of disability <input type="checkbox"/> Document date disability/disaster caused unemployment <input type="checkbox"/> Documentation of employer disability payments <input type="checkbox"/> Documentation of Worker’s Compensation received <input type="checkbox"/> Document Official Declaration of Natural Disaster status
<input type="checkbox"/> Your parent(s) had a total loss of untaxed income. Benefit Lost: <input type="checkbox"/> Unemployment  <input type="checkbox"/> Social Security  <input type="checkbox"/> Child Support  Last Date Benefit Received: _____	<input type="checkbox"/> Explanation of Situation Statement ( <b>Signed and Dated</b> ) <input type="checkbox"/> Copies of 2021 and 2022 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2021 and 2022 W-2 and 1099 forms <input type="checkbox"/> 2023-2024 Dependent Verification Worksheet <input type="checkbox"/> Benefit provider’s notification of loss of benefit <input type="checkbox"/> Copies of most recent pay stubs for all 2023 earnings <input type="checkbox"/> Document all others sources of income (taxed & untaxed) <b><u>In Addition (as applicable)</u></b> <input type="checkbox"/> <i>Benefit Payment History</i> for all unemployment compensation <input type="checkbox"/> Court documents verifying date of loss of child support

