2016-2017 Dependent Student
Professional Judgment Form
Itasca Community College
Student Services Office – 107 Backes Student Center
1851 East Highway 169
Grand Rapids, MN 55744
1-800-996-6422 or 218-322-2320
Fax 218-322-2325

Student Name __________________  Student Tech ID#/STAR ID ____________

Student Phone # - __________________

Itasca Community College’s Professional Judgment Request Form is designed to address special circumstances affecting income since the original 2016-2017 FAFSA application was filed. Income from 2015 is normally used to determine eligibility for 2016-2017 financial aid. If a family’s financial situation is substantially worse in 2016 due to certain special circumstances, adjustments may be made to the FAFSA. This may change what your family is expected to contribute to your cost of education. If you already have a “ZERO” expected family contribution from your FAFSA results, this form will not help increase your aid. Award letters are generated based on original FAFSA results. Any Professional Judgment changes that affect awards will result in a revised award letter.

Please wait to complete and submit this form until 2016 tax returns are completed if the reason for applying is due to reduced wage income. Requests regarding loss of earned income are not reviewed until spring semester when 2016 tax data is available. Retroactive award adjustments for fall semester may be made as long as the student is still enrolled.

DIRECTIONS:

STEP 1. Please attach a TYPED letter explaining your situation in detail.

STEP 2. Check the box(es) that best describe your special circumstances.

STEP 3. Attach copies of 2014, 2015, and 2016 Federal tax returns and W-2/1099 forms for both student and parent(s) once they are available.

STEP 4. Provide required documentation and complete reverse side. No adjustments can be made without supporting documentation.

( ) Reduction in income (over 15%) from what is shown on 2015 tax returns because of:

( ) Unemployment or change in employment of parent. Date of change: ____________

( ) Unemployment or change in employment of student. Date of change: ____________

( ) Divorce/separation of parents. Date ________

( ) Death of parent. Date

( ) Loss of benefits or untaxed income. Date ______________

( ) One-time income (inheritance, IRA/pension, distribution, etc.)

( ) Other. Explain ___________________________________________________________________________

REQUIRED Documentation: Attach proof of 2014, 2015, and 2016 income. Include federal tax returns, copies of W-2 forms, proof of 2014, 2015, and 2016 untaxed income received, alimony or child support agreements, etc.

( ) Major medical or dental expenses not covered by insurance. (Anything over 10% of total income)

REQUIRED Documentation: Attach proof of expenses such as the itemized medical or dental deductions page from a tax return or receipts of medical and dental payments (not charges) made in the past year.

( ) Other unusual circumstances. Explain on an attached sheet and include appropriate documentation.
EXPECTED 2016 UNTAXED INCOME

Student Name: ____________________________  Student Tech ID #:STAR ID ____________

Please detail untaxed income for your family for the period from January 1 - December 31, 2016 and attach requested tax returns/W-2 forms. Social Security benefits and/or SSI do not need to be listed.

<table>
<thead>
<tr>
<th>Income Source Table</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1 through December 31, 2016</td>
<td></td>
</tr>
<tr>
<td>1. Child Support to be/was received in 2016</td>
<td>$</td>
</tr>
<tr>
<td>2. Other untaxed income (such as V.A. Disability, housing allowance or room/board provided by another)</td>
<td>$</td>
</tr>
</tbody>
</table>

Will child support be paid out of your parent’s household in 2016? ______ Yes ______ No

If yes, how much? $_____________

Are you graduating or leaving ICC at the end of Fall semester 2016? ______ Yes ______ No

I certify this information is correct and complete.

Student: ____________________________  Date: _________________

Parent: ____________________________  Date: _________________

(Signature)

Return to: ICC Student Services (Financial Aid) Office
1851 E. Hwy 169 Grand Rapids, MN  55744
FAX – (218) 322-2325

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OFFICE USE ONLY:  Professional Judgment  ( ) Approved  ( ) Denied

(See ISRS comment screen FA0037UG)

_________________________________________  __________________________
Financial Aid Administrator  Date

Itasca Community College is an affirmative action, equal opportunity employer and educator. This document is available in alternative formats to individuals with disabilities. Consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service. If you require an accommodation for a disability, please contact:  Ann Vidovic – 14 Backes Center  218-322-2433 or ann.vidovic@itascacc.edu