



HOLMES
COMMUNITY COLLEGE

FORM - 17PJA

Office of Financial Aid
PROFESSIONAL JUDGMENT APPEAL FORM
2016/2017

Student: _____

Social Security #: _____

In certain circumstances, a student’s financial aid eligibility can be reviewed for a possible recalculation when the information that was used to determine eligibility is no longer relevant. Return this form and any required documentation to our office.

Requests for special consideration such as a Professional Judgment Appeal will be reviewed in the order they are received, and after all initial file reviews have been completed. Our first priority is to ensure that ALL students have received an initial award prior to reviewing requests for special consideration. Therefore, you may experience a significant delay from the time you submit your appeal form until your request is reviewed.

REDUCTION OF INCOME: Is your total income considerably less in 2016 than in 2015 for any of the following reasons?

- Loss of income (such as – wages, unemployment, social security, child support)
- Divorce/separation (attach copy of divorce or legal separation papers)
- Death of a spouse (attach copy of death certificate)
- Loss of income due to disability (attach documentation, i.e. letter from Workers’ Comp)
- One-Time income in 2015 (examples: Inheritance, Moving expense allowance, insurance settlement or IRA or pension distribution. **Explain why this one-time income is not available for education expenses.**)

What is the date of the above change? _____

PLEASE NOTE: If loss of income is due to divorce or separation, you must attach a copy of the separation or divorce agreement. If loss of income was due to death of a spouse, you must attach a copy of the death certificate, obituary notice, or printed memorial service program. If you had a loss of benefits, unemployment, workers’ compensation, or one-time income, provide a letter or other documentation from the appropriate agency or company confirming the loss of income or benefit.

ESTIMATED 2015 INCOME: (Please check one)

- Parents (of dependent students)**
Please complete the 2016 income for parents using the best projections for the time period indicated. Report the gross amount before taxes for each income source. Include all income already earned or received as well as what is expected to be earned or received for the 2016 calendar year (Jan. 1, 2016 to Dec. 31, 2016). Attach a photocopy of the most recent wage and earnings statement showing year-to-date income for any jobs you have had during 2016.
- Student**
Please complete the 2016 income information using the best projections for the year. Report the gross amount before taxes for each income source. Include all income already earned or received (except work study) as well as what is expected to be earned or received for the 2016 calendar year (Jan. 1, 2016 to Dec. 31, 2016). Attach a photocopy of the most recent wage and earning statement showing year-to-date income for any jobs you have had during 2016.

INCOME SOURCE(S)

JAN. 1 – DEC. 31, 2016

Wages, Salaries, Tips – Father	\$ _____
Wages, Salaries, Tips – Mother	\$ _____
Wages, Salaries, Tips – Student	\$ _____
Wages, Salaries, Tips – Spouse	\$ _____
Interest/Dividend Income	\$ _____
Interest on Tax-Free Bonds	\$ _____
Welfare Benefits	\$ _____
Alimony/Child Support Benefits	\$ _____
Unemployment Compensation	\$ _____
Workers' Compensation	\$ _____
Pensions/Annuities	\$ _____
Capital Gains	\$ _____
Rental Income	\$ _____
Business/Farm Income	\$ _____
Housing/Food Allowance – Military, Clergy, etc.	\$ _____
Veteran's Benefits – other than educational benefits	\$ _____
Insurance Settlements	\$ _____
Other Income	\$ _____
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Total Income	\$ _____

Please initial the following statements indicating that you have read and understand:

- _____ I have attached a written statement in the form of a letter, pertaining to my change in circumstances. This letter should be as specific as possible.
- _____ I have attached supporting documentation which **MUST** be included. Please note, after a financial aid administrator reviews this information, additional information/documentation may be requested.
- _____ I understand verification requirements will be placed on my account and I will **NOT** be eligible for any aid, **including loans** until all requirements are complete and satisfied.
- _____ I understand it is my responsibility to communicate with the Office of Financial Aid regarding the status of this appeal.

CERTIFICATION: All of the information on this form is true and complete to the best of my/our knowledge. I/We realize that if I/We do not give documentation to verify this information when requested, and if such documentation does not support these estimates, the financial aid applicant may be liable for repayment of any aid received based on these estimates or a reduction of aid eligibility in future award periods. **WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, and/or removed from school.**

 Student's Signature
 no electronic signature, must be original

 Parent/Spouse's Signature
 no electronic signature, must be original

Return this form and all requested documentation by one of the following means: take to your campus Financial Aid Office, mail to Financial Aid Office, P O Box 216, Goodman, MS 39079, fax to 662-472-9170 or email to finaid@holmescc.edu.