

**Northeastern Technical College**  
Office of Student Financial Assistance  
1201 Chesterfield Hwy, Cheraw, SC 29520  
(843) 921-6940 or (800) 921-7399 – ext. 6940

<b>2010-11</b>
<b>REQUEST FOR RECALCULATION OF FINANCIAL AID ELIGIBILITY</b>

Student's Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Northeastern Technical College will take into account any special circumstance(s) that affects you and your family's ability to contribute toward the cost of education as calculated on your Free Application for Federal Student Aid (FAFSA). If you believe that your information on your FAFSA does not accurately represent your family's current situation, you may request the Office of Student Financial Assistance to exercise professional judgment, and change data that was originally submitted on your financial aid application. Eligibility for financial aid is generally based on income received in 2009. Professional judgment requests can result in certain data items changes for the current year or can result in your estimated 2010 income or projected income for the next 12 months. It is important from the beginning that you know that for programs of assistance except Pell Grants, funds are extremely limited and normally are exhausted with awards made early in the award process. Therefore, completion of this form will mainly benefit you if it causes changes in your eligibility for the Federal Pell Grant.

**NOTE: The original FAFSA application will be treated as if the student was selected for verification and certain items, as regulations requires, must be verified before updating will take place.**

A request for consideration of special circumstances that affect your family's ability to contribute toward your educational costs can be made for many reasons. Some of the common reasons for requesting a professional judgment are as follows:

- ◆ Medical, dental, or nursing home expenses not covered by insurance
- ◆ Extended family support
- ◆ Tuition expenses at a private elementary or secondary school
- ◆ Unusually high child care or dependent care costs
- ◆ Unusual debt (does not include bankruptcy)
- ◆ Income reduction or non-recurring income
- ◆ Recent unemployment or change in employment
- ◆ Divorce/separation
- ◆ Death of student's parent or spouse
- ◆ Disability of student or student's parent or spouse
- ◆ One time income (e.g., inheritance, moving expense allowance, back year social security payments or IRA or pension distribution)
- ◆ Number of parents enrolled in college at least half-time

All information and documentation provided by the student and parent is kept in strict confidence, as required by the U.S. Department of Education and the Federal Education Right to Privacy Act (FERPA).

(over)

# DOCUMENTATION TO BE SUBMITTED WITH PROFESSIONAL JUDGMENT FORM

## **Unusual medical, dental, or nursing home expenses**

- 2009 Federal Income Tax Returns with itemized medical and dental deductions
- Receipts for payment of medical/dental/nursing expenses not covered by insurance
- Written agreements or promissory notes to pay medical/dental expenses

## **Extended family support**

- Receipts for support
- Billing statements

## **Private elementary and secondary education**

- Listing of dependents
- Receipts for tuition payments

## **Dependent care expenses**

- Signed and itemized statement of expenses
- Receipts for dependent care expenses

## **Unusual debts (does not include bankruptcy)**

- Billing statements
- Payment summary from person, company, or agency to which money is owed

## **Income reduction/Unemployment or Change in Employment**

- 2009 Federal Tax Returns form student and/or parent
- Written statement from employer verifying last day of work, gross pay for current year and whether lump sum was received from any source (e.g., pension, annuities, profit-sharing, 401-K, etc.)
- Current check student from new job
- Printout from Unemployment Office

## **Divorce/Separation**

- 2009 Federal Tax Return and W2(s)
- Copy of divorce or legal separation papers

## **Death of Student's Parent or Spouse**

- Death Certificate for Parent or Spouse
- 2009 Federal Tax Return and W2s for Student and Parent or Spouse

## **Disability of Student or Student's Parent or Spouse**

- Legal and/or Medical Statements pertaining to the disability
- Benefit statements

## **One Time Income**

- 2009 Federal Tax Return and W2(s)
- 2009 SSA Form 1099 (if Social Security)

## **Parent(s) in College**

- Enrollment verification from college parent(s) is attending
- Receipt of tuition paid  
(Not applicable if employer is reimbursing these expenses)

(over)

**SUMMARY OF SPECIAL CONSIDERATION REQUEST**

Please indicate in the space below your reason(s) for requesting special consideration of your financial situation. You must provide specific details as to how your situation is not accurately represented on your Student Aid Report (FAFSA).

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

**PROJECTED INCOME STATEMENT (Complete only for income reduction/loss)**

OR

Source of Income	Estimated 2010 Income	Estimated 2010 Income	Projected 12 Months Income	TOTALS
Use Gross (before taxes)	Income/benefits from 1/01/2010 to today's date; provide documentation	Estimated income from today until 12/31/2010		
Father's Wages, Tips, Salary				
Mother's Wages, Tips, Salary				
Student's Wages, Tips, Salary				
Spouse's Wages, Tips, Salary				
Other Taxable Income (Unemployment, etc.)				
Other Taxable Income				
Child Support				
Other Untaxed Income				
Other:				
Other				
<b>TOTALS</b>				

\*Earnings/Benefits to date must be documented

In case of a divorce or separation, please give only your information. If the loss of income was due to death of your spouse, give only your information.

(over)

**ALL PARTIES WHO'S INFORMATION IS INCLUDED MUST SIGN BELOW:**

_____ Student's Signature	_____ Date
_____ Spouse's Signature	_____ Date
_____ Parent's Signature	_____ Date
_____ Parent's Signature	_____ Date
_____ FAO Signature	_____ Date
_____ FAO Signature	_____ Date

(Circle One)      **ACCEPTED**      **DENIED**

**REASON:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_