



SACRED HEART
MAJOR SEMINARY

SPECIAL CONDITION - PROFESSIONAL JUDGMENT FORM

2010-2011

STUDENT INFORMATION:

Name _____	Student ID # _____
E-Mail Address _____	Social Security # _____
Address _____	Telephone: () _____
City _____ State _____	Zip _____

Sometimes information asked for on the Free Application for Student Aid (FAFSA) does not reflect your current financial situation or take into consideration unusual circumstances or significant changes in your family's finances. Federal regulations and institutional policies require that exceptions fall within certain parameters and are accompanied with supporting documentation. This form is designed to assist you in providing critical information for your Special Condition request. Under the Higher Education Act of 1965, the Financial Aid Office has full discretion under the Professional Judgment clause to either approve or deny requests as they determine appropriate. Our decision regarding adjustments is final and cannot be appealed to the Department. Please note, high credit card debt, car payments, vacations or other discretionary expenses cannot be considered.

All students who wish to file for Special Circumstances are required to submit the following documents:

- Verification Worksheet for Dependent or Independent Students.
 - Student's and/or Spouse's (if appropriate) signed 2009 Federal Tax Return. The tax return submitted must include taxpayer's signature, all W-2 forms, supporting forms and schedules.
 - Parent's (if student is Dependent) signed 2009 Federal Tax Return. The tax return must be signed by the taxpayers, all W-2 forms, supporting forms and schedules.
 - Documentation of 2009 Untaxed Income listed on your FAFSA.
 - Documentation of 2009 Additional Financial Information listed on the FAFSA.
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NAME:

ID#

Please check all that apply and follow the instructions:

___ Loss of Employment – Involuntary loss of employment. Documentation letter from previous employer or unemployment office. Documentation of amount of unemployment benefits to be received.

___ Change in Job Status – Full-time to part-time or wages reduced. Has loss of income of at least 20% in 2010 as compared to 2009. Change of status letter from employer. Most recent pay stubs from all employers. We can only consider status changes that have actually occurred. A loss of overtime earnings or bonus income cannot be considered.

___ Loss of Benefits – Benefits received in 2009 are reduced or lost in 2010. Submit letter of reduction or termination indicating date of loss or reduction. Submit documentation of expected 2010 benefits. Examples of benefits are child support and social security.

___ Death of parent or spouse – Submit copy of death certificate and documentation of deceased's income to be excluded.

___ Divorce/Legal Separation – Since filing the FAFSA, you/your parent has become divorced or separated. Only the income of the custodial parent is used for dependent students. Submit any legal documentation that supports your claim. Provide income documentation of former spouse to be excluded.

___ High Medical Expenses – Paid and non-reimbursed dental and medical expenses not claimed on your 2009 Federal 1040 Schedule A. If the taxpayer did not file a Schedule A, submit a listing of paid and non-reimbursed expenses with supporting documentation. Must provide receipts showing amount paid and date paid.

___ Private School Tuition – Expenses are restricted to tuition (no books, uniforms, or fees). Expenses taken as childcare elsewhere on tax return are ineligible. Submit a letter from school indicating net tuition (minus scholarships or discounts) for child(ren) in attendance at that school. Receipts showing amount and date paid. All documents must identify the student by name and school. Terms to be considered: Fall, Sept. – Dec. 2009 and Winter, Jan. – June, 2010.

___ Parent Attending College – Parents must be enrolled at least half-time in a program of study that leads to a degree or certificate (i.e., teaching certification). Undergraduate programs require at least six credit hours each semester and graduate programs at least 4 credit hours to be considered half-time. Parent must provide documentation of officially confirmed enrollment and a letter from their college stating program of study and when program began or is scheduled to begin.

___ Other. Please describe your special circumstance(s) below that is not listed above. Please provide appropriate documentation:

2010-2011 ESTIMATED INCOME WORKSHEET

Name: _____	Student ID _____
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Please indicate annual amounts from 01/01/2010 to 12/31/2010 for the following:

	<u>Year-to-Date</u>	<u>Estimate for Bal. of Yr.</u>
1. Projected Taxable Income:		
Father's Wages (Dependent students only).	\$ _____	\$ _____
Mother's Wages (Dependent students only).	\$ _____	\$ _____
Student's Wages.	\$ _____	\$ _____
Spouse's Wages (Married Independent students).	\$ _____	\$ _____
Other Taxable Income:		
Unemployment Benefits.	\$ _____	\$ _____
401k Distribution.	\$ _____	\$ _____
IRA or self-funded account distribution.	\$ _____	\$ _____
Interest and Dividend Income.	\$ _____	\$ _____
Business/Farm Income.	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Pension or Annuity	\$ _____	\$ _____
Severance Pay	\$ _____	\$ _____
Rental Property Income	\$ _____	\$ _____
Investment Income (other than interest & dividends).	\$ _____	\$ _____
Other Taxable Income (list source).	\$ _____	\$ _____
TOTAL PROJECTED TAXABLE INCOME:	\$ _____	\$ _____
2. Projected Untaxed Income and Benefits:		
Child Support - all children.	\$ _____	\$ _____
Social Security benefits.	\$ _____	\$ _____
Deferred Compensation Contributions (example - 401K).	\$ _____	\$ _____
Temporary Aid to Dependent Families (FIA).	\$ _____	\$ _____
Housing allowance for military, clergy and others.	\$ _____	\$ _____
Other Untaxed Income (list source)	\$ _____	\$ _____
TOTAL PROJECTED UNTAXED INCOME:	\$ _____	\$ _____

Please submit the completed form with all required documentation. Incomplete applications for special circumstances will not receive consideration.

I, the undersigned, acknowledge my responsibility to immediately notify the Financial Aid Office if my projections become inaccurate. I realize that I will be required to repay all or part of any financial aid received based on inaccurately projected income. Students who request special circumstances for 2010-2011 might be selected for verification in the 2011-2012 academic year.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Spouse's Signature _____ Date _____