



Hondros College Professional Judgment Request Form

Date: _____ FAFSA Year: _____

Name: _____ Student ID: _____

Reason for Request: (Check all that apply)

- Reduction or Loss of Income (please complete income chart below)
- Unusual Medical or Dental Expenses (not covered by insurance)
- Change in Household Size
- Cost of Attendance Adjustment
- Unusual Dependent Care Costs (enter costs): _____
- Excessive Travel Costs or Fees (enter costs): _____
- Other Costs (please explain and enter costs): _____
- Dependency Status
- Other (Please Explain): _____

Current Year Projected Income and Benefits Chart:

Please estimate all income for the current tax year. Be sure to include any income already received from work and any anticipated wages to be received through the end of the year. Include any funds received from a pension or 401K as well as any unemployment funds. Include any untaxed income as well.

Income Source	Student	Spouse (if applicable)	Parent 1 (if applicable)	Parent 2 (if applicable)
Estimated Wages, Salaries, Tips				
Estimated Unemployment Benefits				
Other Taxable income (alimony, rents, business income, etc....)				
Child Support				
Workman's Compensation				
Disability Benefits				
Other-please specify: Click here to enter text.				
Total Estimated Income				

Student Statement:

Please write a brief statement as to the reason for your request for special circumstance:

Supporting Documentation:

Submit all necessary supporting documentation that may include, but is not limited to the following: W2's, Official IRS Tax Transcripts, Recent pay stubs, Unemployment statement, Proof of untaxed income, EOB for unreimbursed medical expenses, Signed statement, etc.

Certification Statement:

I/we certify the information on this form to be complete and accurate to the best of my/our knowledge. The acceptance of this completed form by the financial aid department with the requested documentation does not imply approval or guarantee additional eligibility. It is understood that it may be necessary to provide further information and the decisions of the Hondros College Financial Aid Appeals Committee are final.

Student Signature: _____ Last 4 digits of SSN: _____
Date: _____

Parent Signature (if applicable): _____ Last 4 digits of SSN: _____
Date: _____

Please note the following:

- Students applying for Professional Judgment to adjust FAFSA data fields, COA elements, or other requests as necessary must complete the standard (V1) verification process prior to consideration.

For School Use Only

PJ approved PJ denied Date: _____
 Student notified Date: _____
 FAFSA updates complete (if applicable) Date: _____

Comments: _____