

Read and complete this form. Use this form to request a re-evaluation of your eligibility for financial aid if your family's financial situation has changed since you submitted the Free Application for Federal Student Aid (FAFSA), or if your family had incurred expenses not reflected on the FAFSA. Failure to provide documentation to validate your circumstances will result in an automatic denial. For updates regarding your status, you can view them on your Panther Central account.

Student Information

Student's Name: _____

Student's Address: _____ City: _____ State: _____ Zip: _____

Student's SFSC ID: _____ Phone: (____) _____

Types of Professional Judgement

There must be a significant change to the household finances to be considered for a Professional Judgement. For other extenuating circumstances that do not fit the categories listed, please contact the financial aid department to determine if a review of your circumstance can be processed.

Non-applicable Circumstances

- Standard living expenses (utilities, car payments, etc)
- Mortgage payments
- Credit card/other personal debts
- Filing for bankruptcy
- Vacation expenses
- All other discretionary expenses

Change in Expected Family Contribution

Please check the appropriate circumstance(s), attach the required documentation to your paperwork, and submit this completed form in its entirety.

☐ Loss or change of employment or income

- Signed detailed statement describing changes that resulted in loss or reduction of income, including dates and all sources of income
- Employer letter on letterhead reflecting the last date of employment
- Proof of unemployment benefits, if applicable
- Signed copies of applicable tax return transcripts and W-2s, if applicable
- Most recent paystubs showing year-to-date earnings, if applicable

Student's Name _____ ID _____

- ☐ Reduction in Child Support or Alimony
 - A signed detailed statement describing the changes in circumstances
 - Documentation of change in divorce agreement specifying alimony and/or child support (if applicable)
 - Documentation of the total amount of alimony and child support for each child (canceled checks, written agreement, civil judgment, etc.)
- ☐ Change in student marital status after FAFSA filing
 - A signed detailed statement describing the change in circumstances
 - Copy of student's marriage certificate or divorce agreement, whichever is applicable
 - Signed copies of student's and spouse's(if applicable) most recent Federal Tax Returns
 - Student's and spouse's most recent paystubs showing year-to-date earnings, if applicable
- ☐ Change in parent marital status
 - A signed detailed statement describing the change in circumstances
 - Copy of parent's marriage certificate or divorce agreement, whichever is applicable
 - Signed copies of parent's (if applicable) most recent Federal Tax Returns
 - Parent's most recent paystubs showing year-to-date earnings, if applicable
- ☐ Death of Parent or Spouse
 - A signed detailed statement describing the change in circumstances
 - Copy of a death certificate of the deceased individual
 - Documentation of any death benefits received (including but not limited to life insurance, social security, pension payouts, etc.)
 - Signed copies of parent's or spouse's (if applicable) most recent Federal Tax Returns
 - Most recent paystubs showing year-to-date earnings, if applicable
- ☐ Excessive Medical or Dental Expenses
 - A signed detailed statement describing expenses paid out of pocket
 - Copy of Schedule A from 2024 Federal Tax Return, if applicable
 - Attach bills/receipts and an itemized list with a total of all medical and or dental expenses
 - Signed copies of applicable tax return transcripts and/or W-2s, if applicable
 - Most recent paystubs showing year-to-date earnings, if applicable
- ☐ One-time Increase in Income
 - Signed detailed statement describing unusual or unexpected income, including dates
 - Signed copies of applicable tax return transcripts and/or W-2s, if applicable
 - Most recent paystubs showing year-to-date earnings, if applicable
 - Any supporting documentation that pertains to your income increase and explain how these funds were used along with proof (i.e. Pension, IRA, Capital Gain)
- ☐ Other Reduction of Income
 - Signed detailed statement describing unusual or unexpected expenses, including dates
 - Signed copies of applicable tax return transcripts and/or W-2s, if applicable
 - Most recent paystubs showing year-to-date earnings, if applicable
 - Any supporting documentation that pertains to your income reduction

Please submit all documents to SFSC Financial Aid Office
600 West College Drive, Building B, Avon Park, FL 33825
OR E-mail: FinancialAid@southflorida.edu

Student's Name _____ ID _____

Change in Cost of Attendance

Please check the appropriate circumstance(s), attach the required documentation to your paperwork, and submit this completed form in its entirety.

- ☐ Disability
 - A signed detailed written statement describing expenses paid out of pocket
 - Documentation of disability diagnosis
 - Documentation of costs paid by you and not reimbursed by anyone else related to the student's disability (e.g. personal assistance, transportation, equipment, or supplies).
- ☐ Tuition expenses for elementary, secondary education, or daycare paid within the 2024-2025 award year.
 - A signed detailed written statement describing expenses paid out of pocket, including dates
 - Provide receipts
- ☐ Computer expenses that were paid within the 2024-2025 award year.
 - A signed detailed written statement describing expenses paid out of pocket
 - Provide receipts
- ☐ Parent Attending College and paying out of pocket without reimbursements.
 - A signed detailed written statement describing expenses paid out of pocket
 - Copy of schedule and tuition receipt, certified enrollment from Registrar's Office at the parent institution
- ☐ Unusual or unexpected expenses not covered by someone else
 - Signed detailed statement describing unusual or unexpected expenses, including dates
 - Any supporting documentation that pertains to the circumstances mentioned in your statement

Student Certification

Certification: I understand that the Financial Aid Office will not accept my Professional Judgment if it is incomplete or lacks documentation. I am therefore submitting my complete Professional Judgment. Once a decision about my request has been made, I will be notified of the outcome via email. I further certify that all information provided with my Professional Judgment is true and correct.

Student's Signature (required)

Date

Parent's Signature (required)

Date

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