

**Financial Aid Appeal / Professional Judgment Form**  
Dependent Student • Office of Financial Aid • 2023-24

Asbury University recognizes that attending college can involve financial challenges that are different for every family, and we're committed to helping students and families navigate financial aid. This form provides a way to let us know about extenuating circumstances and situations that might impact financial aid. Please return the completed form with all necessary supporting documentation to the Office of Financial Aid at One Macklem Drive, Wilmore, KY 40390. We're not able to evaluate your submission unless all required documentation is included. We'll evaluate each case on an individual basis; please note that submitting this form doesn't guarantee a change in your financial aid eligibility. If you have any questions about this process or financial aid, simply give us a call at (859) 858-3511 x2195.

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Asbury ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Daytime/Cell Phone \_\_\_\_\_

Student Email \_\_\_\_\_ Parent Email \_\_\_\_\_

Check:	Reason for Form Submission	Required Documentation
<input type="checkbox"/>	<p>Significant loss in income due to change in employment or termination in 2021 or 2022:</p> <ul style="list-style-type: none"> <li>• Parent(s) earned money but lost his/her full-time job and is still unemployed</li> <li>• Parent(s) earned money but changed employment and is earning substantially less</li> <li>• Parent(s) earned money but has not changed employment and is earning substantially less</li> </ul>	<ol style="list-style-type: none"> <li>1. Statement on <u>company letterhead</u> from ALL employers your parent worked for in 2021 or 2022 indicating:               <ul style="list-style-type: none"> <li>• Dates of employment and/or cessation of employment</li> <li>• 2022 wages (if employment ceased in 2022)</li> <li>• Copy of 2021 tax return and W2s</li> </ul> </li> <li>2. A current statement of unemployment benefits received, if applicable</li> <li>3. If now employed: parent's estimated earnings for 2022 and/or 2023</li> </ol>
<p><i>If you checked "significant loss in income," please complete this section for your family's expected income in 2022 or 2023 (please circle the year for which you are submitting information):</i></p> <p>In 2022 or 2023, how much will your father earn from work? <span style="float: right;">\$ _____</span></p> <p>In 2022 or 2023, how much will your mother earn from work? <span style="float: right;">\$ _____</span></p> <p>In 2022 or 2023, what will be the amount of your parents' tax deductible payments to an IRA and/or Keogh? <span style="float: right;">\$ _____</span></p> <p>In 2022 or 2023, how much will your father receive in Unemployment Compensation? <span style="float: right;">\$ _____</span></p> <p>In 2022 or 2023, how much will your mother receive in Unemployment Compensation? <span style="float: right;">\$ _____</span></p> <p>In 2022 or 2023, how much will your parent receive in Child Support? <span style="float: right;">\$ _____</span></p> <p>In 2022 or 2023, how much will your father receive in Workers' Compensation? <span style="float: right;">\$ _____</span></p> <p>In 2022 or 2023, how much will your mother receive in Workers' Compensation? <span style="float: right;">\$ _____</span></p> <p>In 2022 or 2023, how much will your father receive in Social Security benefits? <span style="float: right;">\$ _____</span></p> <p>In 2022 or 2023, how much will your mother receive in Social Security benefits? <span style="float: right;">\$ _____</span></p> <p>In 2022 or 2023, how much will your parent(s) receive in TANF? <span style="float: right;">\$ _____</span></p> <p>In 2022 or 2023, how much will your parent(s) receive in other untaxed income (e.g. earned income credit, housing, food, and other living expenses) from military, clergy and/or others? Include cash payment and cash value of benefits. <span style="float: right;">\$ _____</span></p>		

***Please see next page for additional options and form completion.***

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Check:	Reason for Form Submission	Required Documentation
<input type="checkbox"/>	Unexpected life event: <ul style="list-style-type: none"> <li>• Parents have separated</li> <li>• Parents have divorced</li> <li>• A supporting parent has died</li> </ul>	<ul style="list-style-type: none"> <li>• Separation: Notarized statement indicating date of separation</li> <li>• Divorce: A copy of the divorce decree</li> <li>• Parental Death: A copy of the death certificate</li> </ul>
<input type="checkbox"/>	Parent(s) received a one-time income in 2021 (e.g. Social Security payment, inheritance, IRA, or pension distribution)	<ol style="list-style-type: none"> <li>1. A statement from source of one-time income indicating amount</li> <li>2. A statement from parent(s) indicating the disposition of the funds</li> <li>3. Copy of 2021 tax return and W2(s)</li> </ol>
<input type="checkbox"/>	Parent(s) paid out (not owed) a large amount of medical/dental expenses in 2021 Total: \$ _____ (Jan–Dec 2021)	Copies of medical and/or dental receipts showing medical payments made out of pocket in 2021
<input type="checkbox"/>	Parent(s) paid private or parochial elementary and/or secondary <u>tuition</u> in calendar year (not academic year) 2021 Total: \$ _____ (Jan–Dec 2021)	Copies of paid tuition receipts from calendar year 2021 OR a statement from the educational institution indicating tuition paid in calendar year 2021
<input type="checkbox"/>	Other	Please complete the next section. Additional documentation will be requested, if needed.

If other, please describe your circumstances and need for additional financial aid:

*All of the information on this form and the attached documents are true and correct to the best of my knowledge. If asked by an authorized official, I agree to provide any additional documentation requested. I also realize that if I do not provide documentation when asked, this form will not be reviewed.*

I confirm that I have supplied all required documentation, as listed above.

Student's Signature \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Date _____	Staff Signature _____
Reason for Approval/Denial _____			