

# 2017-2018 Change of Situation / Professional Judgment



\_\_\_\_\_  
Name (last, first, middle initial)

\_\_\_\_\_  
Tech ID#

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

Thank you for requesting an appeal for the 2017-2018 academic year. By completing this form you are indicating that there has been a **substantial** change in your family's financial situation *and* you would like the Financial Aid Office to take this updated information into consideration when reviewing your eligibility for financial aid.

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**STEP 1: Situation Description** – Please indicate which category **BEST** describes the change in your situation.  
(*Be sure to indicate whether it is the student or parent who has the change in income*).

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\_\_\_ **Lay Off** (circle one: student / parent) *Provide ALL of the following*

- Letter from employer indicating effective date and any severance benefits
- Statement from Unemployment Office outlining benefits
- Final pay stub from laid off position
- Three most recent pay stubs of all other current positions (for both parents / for student and spouse)

\_\_\_ **Wage / Employment Reduction** (circle one: student / parent) *Provide ALL of the following*

- Letter from employer indicating effective date with prior and current hours per week
- Last three pay stubs for student **AND** parent/spouse

\_\_\_ **Reduction / Loss of Unemployment Compensation** (circle one: student / parent) *Provide ALL of the following*

- Statement from Unemployment Office outlining change in benefits or benefit status
- Proof of current income from all other sources

\_\_\_ **Reduction / Loss of One Time Income** (circle one: student / parent) *Provide ALL of the following*

- Proof of the source of income

\_\_\_ **Retirement** (circle one: student / parent) *Provide ALL of the following*

- Letter from employer documenting retirement date *and* benefits received
- Final pay stub for retiree and projected retirement income
- Last three pay stubs for parent/spouse who is still working

\_\_\_ **Death of Parent / Spouse** (circle one) *Provide ALL of the following*

- Death certificate or obituary from newspaper
- 2015 W-2 forms for other parent

\_\_\_ **Private High School Tuition incurred** *Provide ALL of the following*

- Receipts showing charges **paid** in 2015 & skip Step 2

\_\_\_ **Medical Expenses incurred in 2015 NOT covered by insurance** *Provide ALL of the following*

- Receipts showing charges **paid** in 2015 & skip Step 2

\_\_\_ **Other: (Please list)** *Documentation **must** be provided*

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(*Car payment, credit card, or previous educational loan debt cannot be considered*)

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**STEP 2: Student/Parent/Spouse Projected 2017 Income** – Complete the following sections. Attach **all** supporting documentation specified in the situation description you checked in Step 1 and additional documentation to support your appeal. *Do not leave any items blank; enter “0” where appropriate.*

**Please include the total amounts that you and your parents/spouse have received/earned and expect to receive/earn in 2017. (FULL YEAR TOTALS)**

	<b>Student</b>	<b>Parents/Spouse</b>
Taxable Wages	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Severance Pay	\$ _____	\$ _____
IRA/Pension Distribution	\$ _____	\$ _____
Disability Income	\$ _____	\$ _____
Interest and Dividend Income	\$ _____	\$ _____
Rental/Business/Capital Losses/Gains	\$ _____	\$ _____
Food/Housing/Living allowance	\$ _____	\$ _____
Worker’s Compensation	\$ _____	\$ _____
Other Income (list source): _____	\$ _____	\$ _____

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**\*\*The review of your appeal will be delayed if ALL documentation has not been provided\*\***

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*By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a \$20,000 fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all Federal financial assistance.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

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