

Please Read

Roberts Wesleyan College has an appeal process through which you may request reconsideration of your federal aid. If you are able to document a significant change in your family's financial circumstances, or believe there are special circumstances that were not considered initially, please complete this form. Federal regulations and institutional policies require that exceptions fall within certain parameters and are documented. This form is designed to assist you in providing information critical to the review of your appeal. A financial aid counselor will review your appeal. Their decision will be based on the individual circumstances outlined in the completion of this form. Students will be notified, in writing, of the appeal decision.

Federal regulations DO NOT require that a school review an appeal for additional financial aid; it is solely at the discretion of the college or university.

Please note, submission of an appeal does not guarantee an adjustment to a student's award.

Failure to document all circumstances and/or losses of income may result in a pending application for additional information and will cause a review delay.

You will be notified in writing regarding the outcome of your Financial Aid Appeal Form. In many instances, an adjustment to the student's record does not always qualify a student for additional financial aid.

Roberts Wesleyan College
Office of Financial Aid
2301 Westside Drive
Rochester NY 146241997

Tel: 585-594-6150 or;
1-800-777-4792 ext 6150
Fax: 585-594-6036
email: Finaid@roberts.edu



ROBERTS WESLEYAN COLLEGE

2018-2019 Financial Aid Professional Judgment Request

Please Type or Print

Student Name _____

Home Address _____

City _____ State _____ Zip Code _____

Best daytime contact information:

() cell phone () email _____

Dependent Student must include parental information:

Parent's Name _____

Home Address _____

Best daytime contact information:

() phone () email _____

Only ONE parent or guardian needed for appeal

THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH THIS REQUEST FOR RECONSIDERATION OF FINANCIAL AID:

- Signed Letter explaining Circumstance
- All Supporting Documentation for review (see back)
- Calculation and Evidence of 2018 Income (if required)

This request will not be processed until all documentation is received. If selected, verification must be completed first. It is up to you to provide sufficient documentation to support your request.

NOTE: While recognizing that the 2018-2019 FAFSA is based on 2016 income, in most circumstances, Roberts Wesleyan College will look at the households' current 2018 income situation for reconsideration of aid as the best measure of ability to pay for the 2018-2019 academic year.

WARNING: If you purposely give false or misleading information on this request, you may be fined, sentenced to jail, or both.

Check all that apply.

CIRCUMSTANCES RELATED TO A CHANGE IN EXPENSE/ASSET :

- Parent(s) Attending College at Least Half-Time in a Degree-Granting Program:** Provide proof of enrollment from a federally-eligible post secondary educational institution the parent is attending for the 2018-2019 academic year, listing credit hours enrolled and term.
- Private Elementary or Secondary School Tuition Paid for Siblings:** Provide evidence of *out-of-pocket tuition only* paid for the 2016 calendar year or the 2016-2017 academic year. Day care, preschool, and private college costs are not considered. Statement provided must not include tuition for the student for whom this Professional Judgement Request is for. (2017 expenses may be considered on a case-by-case basis.)
- Unusual Debt** (such as Chapter 13 Bankruptcy, Garnishment, Tax Liens) that were a result of unemployment, illness, or business failure and are being repaid. Provide court document or other legal documentation evidencing monthly payment, term, and balance owed.
- Unusually High Medical/Dental Expenses Not covered by Insurance for calendar year 2016 :** Your medical expenses must be **PAID by you**, and cannot include insurance premiums or deductible. Provide a summary of payments made for medical treatment in 2016 (or the schedule A from your tax return) that were not covered by insurance or deductible, along with paid receipts or copies of checks. We will consider costs over 7.5% of your verified AGI as unusually high. (2017 expenses may be considered on a case-by-case basis)
- Lump Sum Distributions/ Inheritance Received in 2016 :** This could be a capital gain, a one-time distribution from a retirement plan, or some other situation in which funds (other than income) were not received in the previous year and will not be received in the next year. Provide evidence supporting source of these funds (such as an attorney letter for inheritance or tax document for distribution), 2016 tax transcript from the IRS, and a letter stating the amount of distribution, purpose for the distribution, and where this money is at the present time (eg. savings account, investments, used to pay off bills, etc.).

CIRCUMSTANCES RELATED TO A CHANGE IN HOUSEHOLD INCOME (Complete 2018 income calculations):**

- MARRIAGE of a Student: If the student was married after the FAFSA was filed, the RWC Financial Aid Administrator will determine if it is recommended to update the FAFSA to include the change in marital status.** Provide a copy of the marriage certificate and evidence that the student's name has been changed with the Social Security Administration (if applicable). Must provide the spouse's 2016 tax transcript and W-2's OR proof of current income for student and spouse.
- Separation/Divorce of a Student or Parent :** Provide a copy of the divorce decree, legal separation papers, or a letter from the participating attorney stating marital status, or documentation confirming separate residences. Provide 2016 tax return and W-2's from all employers for both. Also provide evidence of current household income.
- Death of a Parent or Spouse:** Provide a copy of the death certificate and 2016 tax return, including W-2's from all employers. Also provide evidence of current household income.
- Loss of Benefits such as Child Support, Unemployment, or Social Security (if reported on the FAFSA):** Provide letter explaining type, monthly amount and when loss of income occurred, along with documentation such as court document, letter from Social Security, or copy of unemployment compensation termination letter with year to date information, as appropriate. Also provide evidence of current total household income.
- Reduction of Income:** In cases where the parent(s) of a dependent student (or independent student and/or their spouse) experience a reduction of income, RWC may consider adjusting the FAFSA income figures. (Loss of bonus or overtime income, as well as an anticipated income or loss, can not be considered) Adjustments **will not** be made for a dependent student's change in income. **Information will be considered on current 2018 income changes only.**
 - Unemployed:** (Must be out of work for at least 8 weeks in 2018.) Provide a statement of benefits from an unemployment agency; letter from previous employer stating separation and last day worked; along with last paystub from former employer. Cannot request prior to MAY, 2018.
 - Job Change:** Provide a copy of your most recent paystub or letter from new employer confirming start date, rate of pay and hours scheduled to work per week
 - Disability:** Provide a letter from physician confirming disability and prognosis for returning to work. Include a letter from Social Security, insurance agency, or other service providing benefits, whether temporary or permanent, stating monthly amount and length of benefits.
 - Other:** provide explanation and documentation of monthly benefits.

****2018 estimated income calculations :**

| Gross Income from Work (attach last paystub) | ACTUAL (1/1/18 - TODAY) | ESTIMATED (TODAY-12/31/18) | TOTAL 2018 INCOME |
|--------------------------------------------------------------------------------------------------|-------------------------|----------------------------|-------------------|
| parent/stepparent #1 in 2018 | \$ _____ + | \$ _____ | = \$ _____ |
| parent/stepparent #2 in 2018 | \$ _____ + | \$ _____ | = \$ _____ |
| student in 2018 (if independent) | \$ _____ + | \$ _____ | = \$ _____ |
| student's spouse or other household member | \$ _____ + | \$ _____ | = \$ _____ |
| All other income for all household members (identify source) <i>other than public assistance</i> | | | |
| _____ | \$ _____ + | \$ _____ | = \$ _____ |
| _____ | \$ _____ + | \$ _____ | = \$ _____ |

- Other Extenuating Circumstances:** Provide a written explanation and supporting documentation addressing a significant change in your family's financial circumstance that was not considered on the FAFSA. Note: excessive debt cannot be considered for Professional Judgment.

CERTIFICATION: MUST BE SIGNED TO BE CONSIDERED *By signing below I affirm that the data contained on this form is true and complete to the best of my knowledge. I will provide documentation to substantiate the information provided.*

STUDENT _____ DATE _____ PARENT (if dependent) _____ DATE _____