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 financialaid@css.edu

# Professional Judgment Request Form 2026-2027

If you have **extreme extenuating circumstances** that warrant the reconsideration of the student's need and financial aid package, please indicate the circumstance that applies and attach the requested documentation. *The Free Application for Federal Student Aid (FAFSA), Verification (if selected) must be completed and the initial award letter must be calculated prior to the Financial Aid Office reviewing this request. **Allow 4-6 weeks for this process to be completed.***

Student's Name		CSS ID #	
Street Address	City	State	Zip Code
Telephone number to call if there are questions:			

**1. Please check the related circumstance and complete sections 2 & 3.**

<b>A</b>	<b>Loss of Parental or Student Income</b> (examples may include layoff, furlough, reduced wages, lost child support, etc...) <i>(Family income will be at least 20% less than 2022 FAFSA family income)</i>
<b>B</b>	<b>Extreme Medical Expenses that have been paid</b> <i>(Medical expenses not reimbursed or covered by health insurance, exceeding 11% of total income)</i>
<b>C</b>	<b>Tuition Expenses for Private K-12 Enrollment</b> <i>(Dependent child enrolled in a private Elementary, Middle or High School)</i>
<b>D</b>	<b>Tuition Expenses for Sibling(s) attending College</b> <i>(Siblings simultaneously enrolled during the 2026-2027 academic year)</i>
<b>E</b>	<b>Settlements or one-time income</b> <i>(Such as inheritance, death benefit, disability, or life insurance settlement).</i>
<b>F</b>	<b>Separation or Divorce, Death of a Parent/Spouse</b> <i>(If a separation or divorce was official or a parent/spouse died after the 2026-2027 FAFSA was completed)</i>

**2. By signing below, I agree that all information provided within this request form is complete and accurate. If necessary, I will provide additional information upon request.**

**I understand that this process will take 4-6 weeks to be completed.**

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

*(Required)*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Required if you are a dependent student)*

**3. Statement explaining circumstances** *(required)*

Please use this space to explain your situation. You may include an attachment if you need more room. Do not submit tax documents unless requested.

**4. Documentation Required**

**A. Loss of Parental or Student Income** *(Income will be at least 20% less than 2024 family income for reasons such as a layoff, furlough, losing a job, a reduction in work hours, loss of child support, etc.). Please note that a determination of compensation benefits must be finalized before this form will be processed.*

✓ Complete the “Estimated Income” table below

**Dependent Student:**

<p>When did the loss or change of employment occur?                  _____ date mm/dd/yyyy                  Please use the table below to provide income data for the 12 months following the date of change.   <i>Not eligible if the change occurred after March 1, 2027 but may apply for future year.</i></p>	
<b>Estimated income for next 12 months</b>	
Taxable Income earned by Father	
Taxable Income earned by Mother	
Taxable Income earned by Student	
Business/Farm Income <i>(Parent)</i>	
Child Support Received <i>(Parent)</i>	
Interest/Dividend Income <i>(Parent)</i>	
Unemployment Compensation <i>(Parent)</i>	
Worker’s Compensation <i>(Parent)</i>	
Qualified Retirement Distribution <i>(Parent)</i>	
Severance Package <i>(Parent)</i>	
Other	

**Independent Student:**

<p>When did the loss or change of employment occur?                  _____ date mm/dd/yyyy                  Please use the table below to provide income data for the 12 months following the date of change.   <i>Not eligible if the change occurred after March 1, 2027 but may apply for future year.</i></p>	
<b>Estimated income for next 12 months</b>	
Taxable Income earned by Student	
Taxable Income earned by Spouse	
Business/Farm Income	
Child Support Received	
Interest/Dividend Income	
Unemployment Compensation	
Worker’s Compensation	
Qualified Retirement Distribution	
Severance Package	
Other	

**B. Extreme Medical Expenses** (Medical, dental, optical expenses (including monthly premiums, co-pays, deductibles, etc), which are not covered by insurance and have been **PAID**, which exceed 11% of your total income for 2025 OR 2026)

✓ Attach a summary of **PAID** medical, dental and /or optical expenses for calendar year 2025 OR 2026. Be sure to provide a *cumulative* dollar amount for all expenses. Explanation of Benefit (EOB) statements are not needed.

**C. Tuition for Private K-12** (Dependent child enrolled in a private Elementary, Middle or High School)

✓ Attach the official billing statement issued by the private school for **2026-2027**, that shows net cost (tuition less any discounting the school will be providing).

**D. Tuition for Sibling(s) attending College** (Sibling(s) of dependent students simultaneously enrolled during the 2026-2027 academic year)

✓ Attach a copy of the sibling(s) financial aid notice or billing from the other College, showing the net cost (tuition less grants/scholarships). We do not factor in housing, meal plans, books, or fees.

**E. Settlement/Distribution**

✓ Attach a copy of the settlement claim. If the funding is showing up as taxable income, please include the page of the tax return showing this. Be sure you indicate what you did with the settlement (such as deposited into checking/savings, reinvested the distribution, used it to pay off debts and what those debts were, etc).

**F. Separation or Divorce, Death of a Parent/Spouse**

*(If a separation or divorce was official or a parent/spouse died after the 2026-2027 FAFSA was completed)*

*Important! If you are a Dependent student, your letter should specify which parent you lived with more during the past 12 months. If you did not live with one parent more than the other, specify which parent provided the most financial support during the past 12 months. The income listed below should be for the next 12 months.*

**Dependent Student:**

Please provide the date of your parent(s) separation, divorce, or death.

\_\_\_\_\_ date mm/dd/yyyy

Use the table below to provide income data for the 12 months following the date of change.

*Not eligible if the change occurred after March 1, 2027 but may apply for future year.*

**Estimated income for next 12 months**

Taxable Income earned by Father	
Taxable Income earned by Mother	
Business/Farm Income	
Child Support Received	
Interest/Dividend Income	
Unemployment Compensation	
Worker's Compensation	
Qualified Retirement Distribution	
Severance Package	
Other	

**Independent Student:**

Please provide the date of separation, divorce, or death.

\_\_\_\_\_ date mm/dd/yyyy

Use the table below to provide income data for the 12 months following the date of change.

*Not eligible if the change occurred after March 1, 2026 but may apply for future year.*

**Estimated income for next 12 months**

Taxable Income earned by Student	
Taxable Income earned by Spouse	
Business/Farm Income	
Child Support Received	
Interest/Dividend Income	
Unemployment Compensation	
Worker's Compensation	
Qualified Retirement Distribution	
Severance Package	
Other	