



2025-2026 Professional Judgment Appeal Form

Student's Printed Name _____

Student's ID# _____

Financial Aid

Elizabethtown College recognizes that standard financial aid forms do not always capture the full financial profile of our students and their families. Through the use of Professional Judgment (PJ), the Office of Financial Aid may be able to make adjustments to your FAFSA which could result in a recalculation of aid eligibility. All PJ requests are reviewed to determine if a student qualifies for an adjustment to their financial aid eligibility status. Please note that Professional Judgment requests will be processed with the understanding that it is the responsibility of the student to utilize all federal financial aid sources made available to them. Please review the options below and check all circumstances that apply. Please submit this form and **all required documents** through our Secure Document Upload. If you have questions do not hesitate to contact the Office of Financial Aid at 717-361-1404 or finaid@etown.edu.

COVER LETTER

For your appeal to be processed, please provide an explanation of why you are requesting a professional judgment review at this time. Please be as detailed as possible. If additional space is required, please attach a separate page. Make sure to check off your concern. **If your concern is not covered in the list below, please state that in your explanation.**

Certification Statement (Parent AND Student)

I certify that the information provided on this form is complete and accurate to the best of my knowledge. If requested, I agree to submit additional proof or documentation of the information listed above.

PARENT's Signature _____ **Date** _____

STUDENT's Signature _____ **Date** _____

✓	PJ Appeal Reason	REQUIRED DOCUMENTS
	<p>Major medical expenses incurred between January 2023 and the present that were not covered by insurance and were paid out of pocket.</p> <ul style="list-style-type: none"> ▪ DO NOT include payments for health insurance premiums. ▪ Expenses must be above 11% of AGI. The medical expenses must be out of pocket expenses in which you did not receive a tax credit on your Tax Return. 	<ul style="list-style-type: none"> ▪ Itemized list of medical expenses not covered by insurance and paid out of pocket ▪ 2023 or 2024 Tax Transcript and Schedule A ▪ Proof of payment.
	<p>Child Support received ended or reduced</p>	<ul style="list-style-type: none"> ▪ If you indicated the amount of child support received in 2023 on the FAFSA, and this support ended or was reduced after 2023, please indicate the date this occurred and current amount if reduced:
	<p>Lump sum distribution/ Non-recurring income in 2023 has inflated your Adjusted Gross Income Please note: In some cases (not all), distributions or non-recurring income can be removed under Professional Judgment. Your counselor will evaluate your request to determine if Professional Judgment can be exercised. Please also note that in most cases, students are only able to apply for this option once during the students' tenure at Elizabethtown.</p>	<ul style="list-style-type: none"> ▪ Please indicate amount here \$ _____ ▪ Copies of your 2023 IRS Tax Return Transcript ▪ An itemized statement detailing how this additional income was spent in 2023 and receipts ▪ 2023 Form 1099-R (if applicable)
	<p>Divorce or Separation</p>	<ul style="list-style-type: none"> ▪ Copy of separation, divorce decree, or copy of mortgage/lease proving separate residences ▪ Copy of 2023 W-2(s) and 2023 Tax Transcript
	<p>Rollover</p>	<ul style="list-style-type: none"> ▪ Signed statement with the rollover amount ▪ Notation on the tax transcript that includes the word "rollover" beside any applicable item (annotation must be signed and dated by the filer)
	<p>Decrease in Parent(s) and/or Student's Income after January 1, 2024, because of job loss, retirement, death/disability, or other wage reduction. The reduction in income must have been for at least <u>six months</u>.</p> <p>2023 Income _____ 2024 Income _____</p>	<ul style="list-style-type: none"> ▪ Signed and dated letter listing: last date of employment, earning from January 1, 2024, through last date of employment ▪ Copy of last pay stub. ▪ Documentation of severance/ benefits/ unemployment compensation. ▪ Copy of your 2023 and/or 2024 IRS Tax Return Transcript and W-2(s) ▪ Employer offer letter if reemployed ▪ Copy of Death Certificate ▪ All supporting documentation
	<p>Unusual Circumstances – In rare instances such as abuse, abandonment, or neglect (<i>for Homeless Youth or At-Risk Homeless Youth Determination, please see the Dependency Verification Form</i>) The following are not considered unusual circumstances:</p> <ul style="list-style-type: none"> ▪ Parents' refusal to contribute to student's education ▪ Parents' unwillingness to provide information on the FAFSA ▪ Parents do not claim student as a dependent on taxes ▪ Student is self-supporting 	<ul style="list-style-type: none"> ▪ A personal statement regarding their home situation along with statements from three Professional Third parties who are privy to the student and their parents' relationship and situation. Examples of Professional Third parties include: social worker, clergy, counselor, medical provider, law enforcement officer, government/state agency, court, or teacher. Statements should be on letter head, signed, and dated with the Professional's title and contact information. Please note, submission of requested statements may require additional information or may not be acceptable. Please note: Returning students who obtained an adjustment and approval for unusual circumstances to be independent in the previous academic year will not be required to submit documents or confirm dependency status again unless their circumstances have changed, or the institution has conflicting information about the student's independence.
	<p>Tuition payments made for dependent children attending private school in kindergarten through 12th grade.</p>	<ul style="list-style-type: none"> ▪ Provide proof of payment for the 2025-2026 Academic year. ▪ Age(s) of dependent children: _____ ▪ Names of dependent children: _____
	<p>Custodial parent who is incarcerated</p>	<ul style="list-style-type: none"> ▪ Proof of incarceration