2020-2021 Professional Judgement Appeal - Dependent
Itasca Community College
Student Services Office – 107 Backes Student Center
1851 East Highway 169
Grand Rapids, MN 55744
1-800-996-6422 or 218-322-2320
Fax 218-322-2325
financialaid@itascacc.edu

Name ____________________________________________________________ Tech/Star ID ___________________
Address_________________________________________________________ Phone Number __________________

Itasca Community College’s Professional Judgment Request Form is designed to address special circumstances affecting income since the original 2020-2021 FAFSA application was filed. Income from 2018 is normally used to determine eligibility for 2020-2021 financial aid. If a family’s financial situation is substantially worse in 2019 or 2020 due to certain special circumstances, adjustments may be made to the FAFSA. This may change what your family is expected to contribute to your cost of education. If your expected family contribution (EFC) is already $0, this form will not help increase your aid. Award letters are generated based on original FAFSA results. Any Professional Judgment changes that affect awards will result in a revised award letter.

DIRECTIONS:

STEP 1. Please attach a TYPED letter explaining your situation in detail.

STEP 2. Check the box(es) that best describe your special circumstances.

STEP 3. Attach copies of 2018 and 2019 Federal tax returns as well as W-2/1099 forms for BOTH student and parent(s). If you or your parent(s) was/were a non-tax filer, submit a written statement that you/parent did not and were not required to file a tax return for one or more of the tax years requested.

STEP 4. Provide required documentation and complete reverse side. No adjustments can be made without supporting documentation.

( ) Reduction in income (over 15%) from what is shown on 2018 tax returns because of:
(   ) Unemployment or change in employment of parent. Date of change: ____________
(   ) Unemployment or change in employment of student. Date of change: ____________
(   ) Divorce/separation of parents. Date ________
(   ) Death of parent. Date ____________
(   ) Loss of benefits or untaxed income. Date ____________
(   ) One-time income (inheritance, IRA/pension, distribution, etc.)
(   ) Other. Explain ____________________________

*Required Documentation: Attach proof of 2018 and 2019 income. Include federal tax returns, copies of W-2 forms, proof of 2018 and 2019 untaxed income received, alimony or child support agreements, etc.

( ) Major medical or dental expenses not covered by insurance. (Anything over 10% of total income)

*Required Documentation: Attach proof of expenses such as the itemized medical or dental deductions page from a tax return or receipts of medical and dental payments (not charges) made in the past year.

( ) Other unusual circumstances. Explain on an attached sheet and include appropriate documentation.
EXPECTED 2020 UNTAXED INCOME

Student Name: ____________________________  Student Tech ID #/STAR ID________________________

Please detail untaxed income for your family for the period from January 1 - December 31, 2019. 
Do not include Social Security/SSI benefits.

<table>
<thead>
<tr>
<th>Income Source Table</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1 through December 31, 2019</td>
<td></td>
</tr>
<tr>
<td>2019 untaxed income (such as V.A. Disability, Worker’s comp, housing allowance or room/board provided by another)</td>
<td>$</td>
</tr>
</tbody>
</table>

Was child support be received or paid out of your parent’s household in 2019?   ____ Yes   ____ No

• If yes, how much received? $______________  How much paid out? $______________

What do you expect your parent’s 2020 Federal Adjusted Gross Income to be?  $______________

What do you expect your 2020 Federal Adjusted Gross Income to be?  $______________

What income changes have occurred or do you anticipate may occur in 2019 and beyond that are not reflected on the 2018 or 2019 tax/income data submitted for both you and your parent(s)?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

I certify this information is correct and complete.

Student: ____________________________  Date: __________________

Parent: ____________________________  Date: __________________

(Signature)

Return to:  ICC Financial Aid Office  
1851 E. Hwy. 169  
Grand Rapids, MN  55744  
FAX – 218-322-2325  
financialaid@itascacc.edu

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OFFICE USE ONLY:  Professional Judgment  ( ) Approved  ( ) Denied  
FA0004UG Updated ( )  FA2052CF Run ( )  CMNT Screen ( )

_________________________________________  ______________________________
Financial Aid Administrator  Date

Itasca Community College is an affirmative action, equal opportunity employer and educator. This document is available in alternative formats to individuals with disabilities. Consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service. If you require an accommodation for a disability, please contact:  Ann Vidovic – 14 Backes Center  218-322-2433 or ann.vidovic@itascacc.edu