

# Reinhardt University

## Dislocated Worker Professional Judgment Request Form 2018-2019

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Social Security Number

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Student Address

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

This worksheet is to be used to demonstrate a change in total income from 2016 to 2018. To be considered for a Professional Judgment, the loss of income must have been experienced for at least 8 weeks. **You will need to provide the following documentation that must accompany this form to be considered:**

- Letter explaining loss of income
- Signed copy of 2016 federal taxes and W2 forms
- Copy of notice of change in employment status such as termination notice, or hour reduction notice and pay stub reflecting year to date earnings
- Estimated income for 2018

Loss of Income for  Student  Student's spouse  Student's father  Student's mother  
Date of employment change: \_\_\_\_\_

Please estimate your total income for 2018:

	Actual amounts from 1/1/18 to date of employment change	Estimated amounts from date of employment change to 12/31/18	TOTAL (Actual + Estimated Income)
Student's Income from work			
Spouse's income from work (Independent students only)			
Father's income from work (Dependent students only)			
Mother's income from work (Dependent students only)			
Unemployment compensation received by anyone			
Taxable Social Security benefits received			
Untaxed Social Security benefits received			
Child support received			
Child support paid			

**Student and Parent/Spousal Certification:** To the best of our knowledge, the information in this appeal is true. We agree to provide all requested information to support the facts of this appeal. We understand that misrepresentation of facts in connection with this appeal, whenever discovered, may be sufficient cause for cancellation and repayment of financial aid and may affect future reviews or appeals in this and/or future years. We understand that the decision of the Director of Financial Aid is final.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Financial Aid Office Use Only:  Approved  Denied

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_