



2009-2010 Professional Judgment Appeal Form

The federal formula that determines a student's financial aid eligibility is based on the most recent year that a tax return can be filed. This is known in financial aid as the Base Year. For the 2009-2010 academic year the base year is 2008. However, there are occasions when a family's financial situation changes during the school year from what it was in the Base Year. Upon request, the Financial Aid Office will review such changes in the hope of providing a more accurate reflection of the family's financial situation for aid purposes. These changes must cause an unexpected or unplanned reduction in the family's finances, or be the result of circumstances beyond the family's control. Examples include employment layoff or the death of a wage earner. Please be sure to attach any supporting documentation and include the student's name and social security number on all documents submitted to insure proper identification. If you need assistance in completing this form, please contact us.

Student's name _____
 (Please Print) Last First Middle

Social Security # _____ **LMU Box #** _____ **Campus Phone #** _____

Permanent Address _____
 Street Address City/State/ Zip

Day time phone numbers Home: _____ Work _____ Cell _____

Sections I, II, III, and IV must be completed. Enter NA if not applicable but do not leave any blanks.

Section I: HOUSEHOLD CERTIFICATION

Dependent Students: List the people that your parent(s) will support between July 1, 2009 and June 30, 2010. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.) Include the following:

- Yourself and your parent(s), even if you do not live with your parents,
- Your parent(s) other children if (a) your parent(s) will provide more than half of their support from July 1, 2009 through June 30, 2010, or (b) the children would be required to give parental information when applying for federal student aid in 2009-2010.
- Other people if they now live with your parent(s), and your parent(s) will provide more than half of their support and will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

Independent Students: List people that you (and your spouse) will support between July 1, 2009 and June 30, 2010. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs etc.) Include the following:

- Yourself (and your spouse, if you have one),
- Your children, if you will provide more than half of their support from July 1, 2009 through June 30, 2010
- Other people if they now live with you, and you provide more than half of their support and you will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

| Student's Name | Age | Relationship to Student | College and Grade Level for 2009-2010 |
|----------------|-----|-------------------------|---------------------------------------|
| | | Self | Lincoln Memorial University |
| Family Members | Age | Relationship to Student | College and Grade Level for 2009-2010 |
| | | | |
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Section II:

REASONS FOR THE APPEAL

Please complete all areas that apply, explain your situation in detail, and attach supporting documentation.

_____ **Unemployment or Loss of Income** (Provide letter from employer, an accounting of unemployment benefits, copy of last check stub, and/or statement from appropriate agency.)

Effective date: _____ Voluntary Involuntary

_____ **Unusual medical or dental expenses not covered by insurance** (Provide receipts of medical and dental payments.)

Amount paid in 2008: _____ Amount paid 2009: _____

Will you itemize these expenses on your federal tax return? _____ YES _____ NO

If yes, how much and for which tax year (2008 or 2009)? _____

_____ **Changes in family assets:** Source of loss _____
(i.e. Provide accountant or investment brokers statements confirming asset liquidation.)

Effective Date: _____ Voluntary Involuntary

_____ **Divorce/Separation of a parent or from a spouse in 2009:** Effective Date of separation/divorce: _____
(Provide copies of legal documents for separation or divorce.)

Name of custodial parent (dependent students): _____

_____ **Death of parent or spouse in 2009:** Date of death: _____
Which Parent: (circle one) Father Mother

_____ **Other unusual expenses** (Contributions to unemployed adult children, elder care, legal fees, funeral expenses, involuntary and temporary maintenance of two households, child care, educational expenses of parents who are enrolled in college, etc. Please provide documentation of these expenses.)

Please list an explanation for any of the above appeals. Also list the student’s relationship to the affected family member in all instances. Please use page 4 if additional space is needed.

Section III: FAMILY FINANCIAL INFORMATION

- Must be completed by all applicants -

Estimated 2009 Income

Provide your best estimate of the amounts you will receive from all sources of income (include taxable and non-taxable income) from January 1, 2009 to December 31, 2009 and attach supporting documentation [examples are: current paystubs, unemployment benefit statement, social security benefit statement or pay documentation, etc]

Student/Spouse Information

Parent(s) Information (Dependent students only)

| | | | |
|---|----------|---|----------|
| Student's anticipated earned income | \$ _____ | Father's anticipated earned income | \$ _____ |
| Spouse's anticipated earned income | \$ _____ | Mother's anticipated earned income | \$ _____ |
| Student/Spouse anticipated other taxable income | \$ _____ | Family's anticipated other taxable income | \$ _____ |
| Total taxable income | \$ _____ | Total taxable income | \$ _____ |
| Student/Spouse non-taxable income* | \$ _____ | Family's non-taxable income* | \$ _____ |

***Non-taxable income includes:**

Payments to tax-deferred pensions and savings plans, deductible IRA and/or Keogh payments, child support received, tax exempt interest income, untaxed portions of pensions, living allowances for military and/or clergy, workers compensation, disability benefits.

Current Asset Information

Student/Spouse Assets (all students)

Parent(s) Assets (dependent students only)

| | | | |
|--|----------|--|----------|
| | | Age of older parent..... | _____ |
| Total current balance of cash, savings and checking accounts | \$ _____ | Total current balance of cash, savings and checking accounts | \$ _____ |
| Current net worth of investments | \$ _____ | Current net worth of investments | \$ _____ |
| (Investment value minus investment debt) | | (Investment value minus investment debt) | |
| Current net worth of business | \$ _____ | Current net worth of business..... | \$ _____ |
| (Business value minus business debt) | | (Business value minus business debt) | |
| Do not include if employees less than 100 people | | Do not include if employee less than 100 people | |
| Current net worth of investment farm | \$ _____ | Current net worth of investment farm | \$ _____ |
| (Investment farm value minus investment farm debt) | | (Investment farm value minus investment farm debt) | |
| Do not include a farm that you live on and operate. | | Do not include a farm that you live on and operate. | |

Section IV:

SIGNATURE(S)

- Required -

I hereby affirm that all information reported on this form and any attachments hereto is true, complete, and accurate to the best of my (our) knowledge. I understand that if I (we) receive federal student aid based on incorrect information, I (we) will have to pay it back; I (we) may also have to pay fines and fees.

Student _____ Date _____

Parent _____ Date _____
Dependent Students only

Spouse _____ Date _____

Parent _____ Date _____
Dependent Students only

