

## 2016-2017 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 2016-2017 academic year the base year is 2015. 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 student ID# 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

**Student ID #** \_\_\_\_\_ **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, 2016 and June 30, 2017. (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, 2016 through June 30, 2017, or (b) the children would be required to give parental information when applying for federal student aid in 2016-2017.
- 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, 2016 through June 30, 2017.

**Independent Students:** List people that you (and your spouse) will support between July 1, 2016 and June 30, 2017. (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, 2016 through June 30, 2017.
- 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, 2016 through June 30, 2017.

Student's Name	Age	Relationship to Student	College and Grade Level for 2016-2017
		Self	Lincoln Memorial University
Family Members	Age	Relationship to Student	College and Grade Level for 2016-2017

**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 2015: \_\_\_\_\_ Amount paid 2016: \_\_\_\_\_

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

If yes, how much and for which tax year (2015-2016)? \_\_\_\_\_

\_\_\_\_\_ **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 2016.** 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 2016:** 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 2016 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, 2016 to December 31, 2017 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	\$ _____
<b>Total taxable income</b>	<b>\$ _____</b>	<b>Total taxable income</b>	<b>\$ _____</b>
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 <b>minus</b> investment debt)		(Investment value <b>minus</b> investment debt)	
Current net worth of business .....	\$ _____	Current net worth of business .....	\$ _____
(Business value <b>minus</b> business debt)		(Business value <b>minus</b> 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 <b>minus</b> investment farm debt)		(Investment farm value <b>minus</b> 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

