2027-2028 Financial Aid Professional Judgment Appeal

By requesting and completing this form, you are indicating that you/your family have experienced special circumstances beyond your control that have affected your financial status in ways that are not reflected on your FAFSA. Upon your request, the Office of Financial Aid will attempt to re-evaluate your financial aid eligibility for the present academic year. You will need to use the guide in this packet to submit all the documentation appropriate for your particular situation in order to enable the Financial Aid staff to review your application. Any delay in submitting documentation can prolong the review process, and may reduce your eligibility for aid, as funding allocations will be exhausted. All requests for Professional Judgment will be verified before processing any changes.

NOTE: Submission of this appeal form and any other documentation, in no way entitles or guarantees you as the student to a beneficial adjustment to your financial aid package. Having provided false or inaccurate information misrepresenting your income could result in a negative impact on your financial aid package during the professional judgment review process.

Please fill out the entire application, attach the required documentation and submit your completed documents either by fax to 1-615-250-4968, mail to the Office of Financial Aid, PO Box 5049, Greeneville, TN 37745, or scan and email to financialaid@tusculum.edu.

SECTION A – STUDENT INFORMATION

Student Name: _____
First Middle Last

Social Security Number: XXX-XX-_____ TU Student ID Number: _____

Student Date of Birth: _____ Phone Number: (_____) _____

Student email address: _____

Permanent Street Address: _____

City: _____ State: _____ Zip: _____

Parent Name: _____
First Middle Last

Parent Phone Number: (_____) _____ Parent email: _____

SECTION B – REASON FOR THE APPEAL AND DOCUMENTATION

Reason for Appeal	Required Documentation
Significant change to income due to loss of employment	• A copy of your last/most recent paystub with YTD Earnings • Notice of termination/separation from employer • Copies of any unemployment benefits received • A copy of your current year tax return transcript • Copies of any and all current year W-2 or 1099 forms
Change in job resulting in a reduction of earnings or reduction of earnings with the same employer	• A copy of your last/most recent paystub with YTD Earnings • Notice of reduction of hours and/or wages, rate of pay, and effective date. • Copies of any unemployment benefits received • A copy of your current year tax return transcript • Copies of any and all current year W-2 or 1099 forms
Unexpected Life Event (Please note that we will not consider any appeals due to high consumer debt; lifestyle expenses (pets, cars, vacations, etc.), organizational expenses, or expenses that you have not yet incurred).	<u>Death of parent, spouse, or other immediate family member</u> • Receipts for medical/funeral expenses paid • Documentation of inheritance, assets or other benefit sources including life insurance and Social Security • A copy of the death certificate • A copy of your current year tax return transcript • Copies of any and all current year W-2 or 1099 forms <u>Divorce/Separation</u> • Legal notice of divorce/legal separation • Listing of any child support and/or alimony expected to be paid or received (please indicate which) • A copy of your current year tax return transcript • Copies of any and all current year W-2 or 1099 forms <u>Excessive Medical Expenses</u> • Bills documenting the expenses you have incurred • Proof of personal payment (check stubs, receipts, invoices, etc.) • A copy of your current year tax return transcript • Copies of any and all current year W-2 or 1099 forms <u>Other Unexpected Loss of un-taxed income</u> • Documentation detailing the type and amount of income and authenticating the effective date that the income lost • A copy of your current year tax return transcript • Copies of any and all current year W-2 or 1099 forms
Other Reason Not Listed	• Provide a detailed description of the basis for your appeal and as much documentation as possible to support your request • A copy of your current year tax return transcript • Copies of any and all current year W-2 or 1099 forms

SECTION C – THE APPEAL

In the space provided below, please briefly explain how your financial situation has changed since you filed the FAFSA. Identify why you are requesting a professional judgment review at the time. Please be as detailed as possible. If you need more space, attach a separate sheet of paper.

SECTION D – HOUSEHOLD INFORMATION

Dependent students should list any and all of the people in their household for whom their parents will provide half or more of the total support from July 1, 2027 – June 30, 2028.

Independent students should list any and all persons (including the spouse, children, step-children, and other persons) that live in their household and/or for whom will provide half or more of the total support from July 1, 2027 – June 30, 2028.

Total support includes monetary supports, gifts, housing, utilities, food, clothing, vehicle cost, medical care, college cost, etc.

Student Name	Date of Birth	Relationship to Student	College/University Attending	Employer
		SELF	TUSCULUM	
List all Family	Members below			

SECTION E – INCOME ASSESSMENT FORM

SECTION E (1) – DEPENDENDENT STUDENTS

Type of Income	2025 Year Income	Estimated 2026 Year Income
Student's father's income from work	$	$
Student's mother's income from work	$	$
Student's income from work	$	$
Other taxable income (dividends, interest, pensions, annuities, alimonies, etc.)	$	$
Unemployment benefits received	$	$
Social Security benefits received	$	$
Child support received	$	$
Other untaxed income (welfare benefits, workers' comp., retirement plan deducted from earnings, earned income credits, etc.)	$	$

SECTION E (2) – INDEPENDENDENT STUDENTS

Type of Income	Previous Year Income	Current Year Income
Student's income from work	$	$
Spouse's income from work	$	$
Other taxable income (dividends, interest, pensions, annuities, alimonies, etc.)	$	$
Unemployment benefits received	$	$
Social Security benefits received	$	$
Child support received	$	$
Other untaxed income (welfare benefits, workers' comp., retirement plan deducted from earnings, earned income credits, etc.)	$	$

SECTION F – ADDITIONAL FINANCIAL ASSETS

Dependent Students' Parent's Additional Assets	Dollar Amount
Current amount of cash, checking, and savings	$
Current net worth of real estate owned (do not include the net worth of the family home or the family operated farm)	$
Current net worth of business or investment farm (Do not include a net worth for a family business with less than 100 employees or the net worth of a family farm)	$
Student's Additional Financial Assets (All Students)	**Dollar Amount**
Current amount of cash, checking and savings	$
Current net worth of real estate owned (do not include the net worth of the family home or the family operated farm)	$
Current net worth of business or investment farm (Do not include a net worth for a family business with less than 100 employees or the net worth of a family farm)	$

SECTION G – CERTIFICATION AND SIGNATURE

I understand providing my signature below:

- Certifies that all information provided on this form, and provided in all documentation submitted to the Office of Financial Aid, is true and accurate to the best of my knowledge. I understand that providing false or intentionally misleading information could result in a $10,000 fine, a prison sentence, or both.
- Affirms that I understand that submission of this document, and any attached or requested form in no way entitles or guarantees me to receive a beneficial adjustment to my financial aid eligibility for the current academic year. I understand that the decision of the Office of Financial Aid on this matter is final and may not be appealed to the University President, any other officer or administrator of Tusculum University, or the Department of Education.
- I understand that my professional judgment appeal will not be processed until all requested documentation has been submitted to the Office of Financial Aid.

Signature of Student: _____ Date: _____

Signature of Parent: _____ Date: _____

Signature of Spouse: _____ Date: _____