

Financial Aid Professional Judgment Form
Independent Student • Office of Financial Aid • 2025-26

Asbury University recognizes that attending college can involve financial challenges that are different for every family, and we're committed to helping students and families navigate financial aid. This form provides a way to let us know about extenuating circumstances and situations that might impact financial aid. Please return the completed form with all necessary supporting documentation to the Office of Financial Aid at One Macklem Drive, Wilmore, KY 40390. We're not able to evaluate your submission unless all required documentation is included. We'll evaluate each case on an individual basis; please note that submitting this form doesn't guarantee a change in your financial aid eligibility. If you have any questions about this process or financial aid, simply give us a call at (859) 858-3511 x2195.

Last Name _____ First _____ MI _____

Asbury ID # _____ Date of Birth _____ Daytime/Cell Phone _____

Student Email _____ Spouse's Email _____

Step 1	The following documents are required for a Professional Judgment to be assessed:	
Check: <input type="checkbox"/>	<ul style="list-style-type: none"> Copy of 2023 federal tax return Copy of W2(s) and/or 1099(s) 	
Step 2	Reason for Form Submission	Required Documentation
Check: <input type="checkbox"/>	Significant loss in income due to change in employment or termination in 2023: <ul style="list-style-type: none"> You earned money but lost your full-time job and are still unemployed You earned money but changed employment and are earning substantially less You earned money but have not changed employment and are earning substantially less 	<ol style="list-style-type: none"> 1. Statement on <u>company letterhead</u> from ALL your employers in 2023 or 2024 indicating: <ul style="list-style-type: none"> Dates of employment and/or cessation of employment Wages for 2024 (if employment ceased in 2024) 2. A current statement of unemployment benefits received, if applicable 3. If now employed: your estimated earnings for 2024 and/or 2025
<p><i>If you checked "significant loss in income," please complete this section for your expected income in 2024 or 2025 (please circle the year for which you are submitting information):</i></p> <p>In 2024 or 2025, how much will you earn from work? \$ _____</p> <p>In 2024 or 2025, how much will your spouse earn from work? \$ _____</p> <p>In 2024 or 2025, what will be the amount of your tax deductible payments to an IRA and/or Keogh? \$ _____</p> <p>In 2024 or 2025, how much will you receive in Child Support? \$ _____</p> <p>In 2024 or 2025, how much will you receive in Workers' Compensation? \$ _____</p> <p>In 2024 or 2025, how much will your spouse receive in Workers' Compensation? \$ _____</p> <p>In 2024 or 2025, how much will you receive in Social Security benefits? \$ _____</p> <p>In 2024 or 2025, how much will your spouse receive in Social Security benefits? \$ _____</p> <p>In 2024 or 2025, how much will you (or your spouse) receive in TANF? \$ _____</p> <p>In 2024 or 2025, how much will you (or your spouse) receive in other untaxed income (e.g. earned income credit, housing, food, and other living expenses) from military, clergy and/or others? Include cash payment and cash value of benefits. \$ _____</p>		

Please see next page for additional options and form completion.

Last Name _____ First _____ MI _____

Step 2	Reason for Form Submission	Required Documentation
Check: <input type="checkbox"/>	Unexpected life event: <ul style="list-style-type: none"> • My spouse and I have separated • My spouse and I have divorced • My spouse has died 	<ul style="list-style-type: none"> • Separation: Notarized statement indicating date of separation • Divorce: A copy of the divorce decree • Spouse Death: A copy of the death certificate
<input type="checkbox"/>	I received a one-time income in 2023 (e.g. Social Security payment, inheritance, IRA, or pension distribution)	<ol style="list-style-type: none"> 1. A statement from source of one-time income indicating amount 2. A statement from you indicating the disposition of the funds
<input type="checkbox"/>	I paid out (not owed) a large amount of medical/dental expenses in 2023 Total: \$ _____ (Jan–Dec 2023)	Copies of medical and/or dental receipts showing medical payments made out of pocket in 2023
<input type="checkbox"/>	I paid private or parochial elementary and/or secondary <u>tuition</u> in calendar year (not academic year) 2023 Total: \$ _____ (Jan–Dec 2023)	Copies of paid tuition receipts from calendar year 2023 OR a statement from the educational institution indicating tuition paid in calendar year 2023

If other, please describe your circumstances and need for additional financial aid:

All of the information on this form and the attached documents are true and correct to the best of my knowledge. If asked by an authorized official, I agree to provide any additional documentation requested. I also realize that if I do not provide documentation when asked, this form will not be reviewed.

I confirm that I have supplied all required documentation, as listed above.

Student's Signature _____ Date _____

OFFICE USE ONLY	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Date _____	Staff Signature _____
Reason for Approval/Denial _____			