UNIVERSITY of NORTH CAROLINA
PEMBROKE

Office of Financial Aid

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Pembroke, NC 28372-1510
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fa@uncp.edu

2526
26PJ

2025-2026 Professional Judgment
Dependent Student Application

Name_____ Banner ID_____
please print

Bravemail_____@bravemail.uncp.edu Phone_____

The Office of Financial Aid may use Professional Judgment (PJ) on a case-by-case basis only to adjust the student's cost of attendance or the data used to calculate the student's Student Aid Index (SAI). The reason for the adjustment must be documented and submitted along with this application.

STEP ONE: Explanation of Special Circumstances

Provide a typed, detailed letter of explanation regarding your current situation that you are asking us to consider. Please remember to include applicable dates and any documentation supporting your circumstance. If sufficient documentation is not provided, the Professional Judgment Application will be denied as the application will be incomplete.

STEP TWO: Explanation of Circumstances and Additional Required Documents

SITUATION (check the box for your situation)	REQUIRED DOCUMENTATION (check if included)
☐ Your parent(s) had a total loss of full-time employment for at least 10 weeks in 2024 or 2025. ☐ Your parent(s) lost employment due to a disability or federally designated natural disaster for more than 10 consecutive weeks in 2024 or 2025. This situation must be a total loss of employment Name of person unemployed: _____ Their relationship to student: _____ Number of weeks unemployed in 2024 or 2025: _____	☐ Explanation of Situation Statement **(Signed and Dated)** ☐ Copies of 2023 and 2024 IRS Tax Return Transcripts ☐ Copies of all 2023 and 2024 W-2 and 1099 forms ☐ 2025-2026 Dependent Verification Worksheet ☐ Employer's written notice of termination of employment ☐ Copies of most recent pay stubs for all 2025 employment ☐ *Benefit Payment History* for all unemployment compensation ☐ Document all others sources of income (taxed & untaxed) **In Addition (as applicable)** ☐ Attending physician's statement of disability ☐ Document date disability/disaster caused unemployment ☐ Documentation of employer disability payments ☐ Documentation of Worker's Compensation received ☐ Document Official Declaration of Natural Disaster status
☐ Your parent(s) had a total loss of untaxed income. Benefit Lost: ☐ Unemployment ☐ Social Security ☐ Child Support Last Date Benefit Received: _____	☐ Explanation of Situation Statement **(Signed and Dated)** ☐ Copies of 2023 and 2024 IRS Tax Return Transcripts ☐ Copies of all 2023 and 2024 W-2 and 1099 forms ☐ 2025-2026 Dependent Verification Worksheet ☐ Benefit provider's notification of loss of benefit ☐ Copies of most recent pay stubs for all 2025 earnings ☐ Document all others sources of income (taxed & untaxed) **In Addition (as applicable)** ☐ *Benefit Payment History* for all unemployment compensation ☐ Court documents verifying date of loss of child support

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Please contact the Accessibility Resource Center, D.F. Lowry Building, 910-521-6695.

REVISED 03/2025

Banner ID: _____

☐ You have already filed your FAFSA and since that time: ☐ Your parents separated/divorced. Date:_____ ☐ Your parent has passed away. Date:_____	☐ Explanation of Situation Statement **(Signed and Dated)** ☐ Copies of 2023 and 2024 IRS Tax Return Transcripts ☐ Copies of all 2023 and 2024 W-2 and 1099 forms ☐ 2025-2026 Dependent Verification Worksheet ☐ Copy of student's birth certificate **In Addition (as applicable)** ☐ Copy of court documented separation/divorce ☐ Copy of parent's death certificate or obituary
☐ Other Situations:	☐ Explanation of Situation Statement **(Signed and Dated)** ☐ Copies of 2023 and 2024 IRS Tax Return Transcripts ☐ Copies of all 2023 and 2024 W-2 and 1099 forms ☐ 2025-2026 Dependent Verification Worksheet ☐ Any documentation to verify your situation above

STEP THREE: 2025 Projected year income and benefits.

Complete this section to the best of your ability to predict your 2025 income	**Parent One**	**Parent Two**
Expected 2025 income earned from work	**$**	**$**
Expected 2025 U.S. income tax to be paid	**$**	**$**
Expected 2025 unemployment benefits	**$**	**$**
Expected 2025 other taxable income and benefits type:_____	**$**	**$**
Expected 2025 untaxed income and benefits type:_____	**$**	**$**

By signing below, we certify that the information provided on this form is true and correct to the best of our knowledge. We understand that completing this form does not guarantee financial aid will be increased. We agree that, if requested, we will provide documentation to support the information provided on this form. We understand that failure to provide the requested information will result in denial of this application. We understand that this form does not guarantee a change in the amounts or types of financial aid awarded and that professional judgment decision may result in decreased eligibility for certain financial aid programs. The Office of Financial Aid will review all requests on a case by case basis and make adjustments if deemed appropriate. Finally, we understand that the financial aid administrator's decision is final and cannot be appealed.

_____ _____

Student's Signature Date Parent's Signature Date

_____ _____

Parent's E-mail address Parent Cell Phone Number