

2025-2026 Professional Judgment Independent Student Application

Name _____
please print

Banner ID _____

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)
<input type="checkbox"/> You were employed full-time (at least 35 hours per week) for at least 30 weeks in 2024 or 2025 but are not working full-time now.	<input type="checkbox"/> Explanation of Situation Statement (Signed and Dated) <input type="checkbox"/> Copies of 2023 and 2024 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2023 and 2024 W-2 and 1099 forms <input type="checkbox"/> 2025-2026 Independent Verification Worksheet <input type="checkbox"/> Employer's written notice of termination of employment
<input type="checkbox"/> Your spouse was employed full-time (at least 35 hours per week) for at least 30 weeks in 2024 or 2025 but lost employment for at least 10 consecutive weeks and is not working full-time now.	<input type="checkbox"/> Copies of most recent pay stubs for all 2025 earnings <input type="checkbox"/> Copy of <i>Benefit Payment History</i> for all unemployment compensation received <input type="checkbox"/> Document all others sources of income (taxed & untaxed)
<input type="checkbox"/> You or your spouse 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 Number of weeks unemployed in 2024 or 2025: _____	<u>In Addition (as applicable)</u> <input type="checkbox"/> Attending physician's statement of disability <input type="checkbox"/> Document date disability/disaster caused unemployment <input type="checkbox"/> Documentation of employer disability payments <input type="checkbox"/> Documentation of Worker's Compensation received <input type="checkbox"/> Document Official Declaration of Natural Disaster status

Banner ID: _____

<input type="checkbox"/> You or your spouse had a total loss of untaxed income. Benefit Lost: <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support Last Date Benefit Received: _____	<input type="checkbox"/> Explanation of Situation Statement (Signed and Dated) <input type="checkbox"/> Copies of 2023 and 2024 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2023 and 2024 W-2 and 1099 forms <input type="checkbox"/> 2025-2026 Independent Verification Worksheet <input type="checkbox"/> Benefit provider's notification of loss of benefit <input type="checkbox"/> Copies of most recent pay stubs for all 2025 earnings <input type="checkbox"/> Document all others sources of income (taxed & untaxed) <u>In Addition (as applicable)</u> <input type="checkbox"/> Copy of <i>Benefit Payment History</i> for all unemployment compensation received <input type="checkbox"/> Court documents verifying date of loss of child support
<input type="checkbox"/> You have already filed your FAFSA and since that time: <input type="checkbox"/> You have separated/divorced. Date: _____ <input type="checkbox"/> Your spouse has passed away. Date: _____	<input type="checkbox"/> Explanation of Situation Statement (Signed and Dated) <input type="checkbox"/> Copies of 2023 and 2024 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2023 and 2024 W-2 and 1099 forms <input type="checkbox"/> 2025-2026 Independent Verification Worksheet <u>In Addition (as applicable)</u> <input type="checkbox"/> Copy of court documented separation/divorce decree <input type="checkbox"/> Copy of spouse's death certificate or obituary
<input type="checkbox"/> Other Situations:	<input type="checkbox"/> Explanation of Situation Statement (Signed and Dated) <input type="checkbox"/> Copies of 2023 and 2024 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2023 and 2024 W-2 and 1099 forms <input type="checkbox"/> 2025-2026 Independent Verification Worksheet <input type="checkbox"/> 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	Student	Spouse
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, I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that completing this form does not guarantee financial aid will be increased. I agree that, if requested, I will provide documentation to support the information provided on this form. I understand that failure to provide the requested information will result in denial of this application. I 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, I understand that the financial aid administrator's decision is final and cannot be appealed.

Student's Signature _____ Date _____

Spouse's Signature (if applicable) _____ Date _____