



PROFESSIONAL JUDGMENT FORM FOR PARENT

STUDENT INFORMATION

AID YEAR: 26/27

LLU ID# or Social Security Number: _____

Name: Last _____ First _____ Middle _____

Please check the school you are attending:

- ☐ Allied Health ☐ Dental Hygiene ☐ Dentistry ☐ Medicine ☐ Nursing ☐ Pharmacy ☐ Public Health
☐ Interdisciplinary Studies ☐ Religion ☐ Behavioral Health

Marital Status ☐ S ☐ M ☐ W ☐ DChildren?: ☐ Yes ☐ No

Children's Age(s) _____

Expected Graduation Date or Program Completion: (MM/YYYY) _____ / _____

PROFESSIONAL JUDGMENT

Our office recognizes that families may experience financial hardships that are not accurately reflected in the information that they provide on the Free Application for Federal Student Aid (FAFSA). Sec. 479A of the Higher Education Act of 1965, as amended, authorizes financial aid administrators to use professional judgment on a case-by-case basis for students with special circumstances that significantly affect a family's ability to contribute to the cost of higher education.

"Professional Judgment" allows a financial aid administrator to adjust a student's financial aid, or need based on special circumstances. Special circumstances may include, but are not limited to: elementary or secondary school tuition, unusually high medical or dental expenses not covered by insurance, being homeless or a dislocated worker, recent unemployment of a family member, or significant changes to a family's income or assets.

Special circumstances do not include recurring costs that are considered standard living expenses and/or consumer debt.

If you feel that you (and your parent(s) if dependent) have a special financial circumstance that is not accurately portrayed in the financial documentation you are required to submit, you may complete this form to appeal your award/Student Aid Index (SAI).

Important: The changes made by the professional judgment committee may or may not increase your financial aid. An aid administrator's decision regarding adjustment is final and cannot be appealed to the Department of Education.

REQUIRED DOCUMENTATION

In order to appeal your financial aid, you must submit documentation of your special circumstances. You should complete and return this document with the following documentation: (Note: You do not need to re-submit verification documents that have already been submitted)

- Parent Verification Statement
- Parent Asset Form
- IRS Tax Return Transcript for year 2024 and 2025, for both student and parent.
(Request IRS Tax Return Transcript online at irs.gov and click on the "Get Transcript Online" link, or call 1-800-908-9946)
- 2024 and 2025 W-2 Forms, for both student and parent.
- Third Party Documentation
- A letter from the parent explaining in detail, the significant change in family income.

Below are circumstances for which a professional judgment might be considered at Loma Linda University with the minimum required documentation. You will be notified if additional documentation is needed.

☐ **1. Decrease in parent's income:**

- A statement from the parent indicating the date on which he/she became unemployed and an official notice of termination or dismissal from the employer.
- A statement from the employer indicating a decrease in wage earned and the reason (i.e., reduction in wage, reduction in time, etc.).
- Verification of unemployment benefits or letter denying unemployment benefits.
- Documentation of all earned income from January 1, 2025 to present. Acceptable third-party documentation may include the latest check stub indicating "year-to-date" earnings.
- Documentation of all anticipated income from January 1 through December 31, 2025, both earned and untaxed.

If you have any questions please email Finaid@llu.edu or call (909) 558-4509

LOMA LINDA UNIVERSITY



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REQUIRED DOCUMENTATION CONT.

AID YEAR: 24/25

- ☐ 2. **Significant medical expenses for family member(s), not covered by insurance and already paid out of pocket:**
- Statement regarding the specific nature of the family member's medical expenses.
 - Copy of Schedule A of parent's federal income tax return, if medical expenses are itemized.
 - Statements from the doctor, hospital, pharmacy, etc. showing the personal payments made.
- ☐ 3. **Death of parent (s) since filing the FAFSA:**
- Copy of death certificate.
- ☐ 4. **Elementary/Secondary Educational Expenses:**
- A statement from your parent(s) indicating the name(s) and age(s) of the children for which they pay elementary/secondary educational costs (such as tuition).
 - A letter from the school indicating the amount of tuition paid by the parent personally.
- ☐ 5. **Other:**
- Any other special circumstance that affect a family's ability to contribute to the cost of higher education that is not previously listed and which you would like to have considered.
 - Attach a statement which explains your special circumstance, supporting your request.
 - Attach third party documentation which supports your request.

CERTIFICATION

I certify that all the information reported on this form, as well as all supporting documents, is true and accurate to the best of my knowledge. I understand that this information will be used to determine my eligibility for financial aid and that false or misleading information may be cause for termination of aid and repayment of funds received.

Parent's Signature: _____ Date: ____/____/____

Student's Signature: _____ Date: ____/____/____

Mail form to: LLU Office of Financial Aid, 11139 Anderson St., Loma Linda, CA 92350, or Fax to: (909)558-4283

For Office Use Only

- ☐ APPROVED
☐ DENIED

Comments: _____

Director/Assistant Director of Financial Aid

Date

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