



Voorhees University Office of Financial Aid

2023-2024 Professional Judgment Appeal

Student Name: _____

Student ID# _____

Parent(s) Name: _____

Voorhees University recognizes that families experience special circumstances, which merit recalculation of their financial aid eligibility based on this year's information, rather than **2022** income information. Please be advised that all professional judgment appeal decisions are **final**.

Please check [☐] the box beside the circumstances that apply to your situation and submit this form and all the necessary paperwork/documentation to finaid@voorhees.edu or fax to 877-228-0365. Our mailing address is P.O. Box 678 Denmark, SC 29042.

[☐] **Separation from employment due to layoff, termination, or disability**

- ☐ Letter from employer on company letterhead including last date of employment
- ☐ Unemployment benefits determination document
- ☐ Documentation of year-to-date income (last pay stub, severance pay, SSI benefits, etc.)

[☐] **Excessive non-reimbursed medical and/or dental expenses**

- ☐ Documentation of non-reimbursed medical and/or dental expenses
- ☐ Canceled checks verifying payments made in **2022**.
- ☐ Copy of Schedule A from previous year's Federal Income Tax Return.

[☐] **Loss or reduction of untaxed income source (disability benefits, welfare benefits, child support, etc.)**

- ☐ Copy of notification of benefits reduction/termination, including the effective date
- ☐ Documentation of 2022 expected benefits
- ☐ Documentation of 2022 year-to-date income (taxable and non-taxable)

[☐] **Separation or Divorce which occurred after completing FAFSA**

- ☐ Copy of court order, final divorce decree or legal separation agreement
- ☐ W-2s for year **2022**.
- ☐ Documentation of 2022 year-to-date income

[☐] **Death of a parent (or spouse) which occurred after completing FAFSA**

- ☐ Copy of death certificate
- ☐ Documentation of 2022 year-to-date income (taxable and non-taxable)

[☐] **Other unusual circumstances**

- ☐ Supporting documentation as requested by the Office of Financial Aid

***REQUIRED**

HOUSEHOLD SIZE (Number of people supported by household income) _____

NUMBER IN COLLEGE _____

Statement of Projected 2023 Income:

This section asks about income and benefits that you and your family expect to receive between January 1, 2023 and now.

Taxable Income	Income earned from Jan 1, 2023 until now
Father's earnings	\$
Mother's earnings	\$
Student's earnings	\$
Spouse's earnings	\$
Untaxed Income	
Unemployment Compensation Received	\$
Social Security Benefits	\$
Child Support Received	\$
Public Assistance	\$
Other Untaxed Income (worker's compensation, Veteran's benefits, cash support, etc.)	\$

By signing this document, I/we certify that the information provided is complete and accurate to the best of my/our knowledge. I/we agree to provide more detailed documentation if required.

Student's Signature

Date _____

Spouse's Signature

Date _____

Parent's Signature (if dependent student)

Date _____