Voorhees University Office of Financial Aid

2025-2026 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 **2023** 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 **2023.**
- ☐ Documentation of 2023 year-to-date income

[ ] **Death of a parent (or spouse) which occurred after completing FAFSA**
- ☐ Copy of death certificate
- ☐ Documentation of 2023 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 2025 Income:

This section asks about income and benefits that you and your family expect to receive between January 1, 2025 and now.

Taxable Income	**Income earned from Jan 1, 2025 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