



Office of Student Financial Aid  
 1057 W. College Ave.  
 Independence, KS 67301  
 Phone (620) 332-5460  
 Fax (620) 332-5660  
 financialaid@indycc.edu

## Application for Professional Judgment – Financial Circumstances for 2023-2024

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Student ID \_\_\_\_\_

This form is to assist you in reporting changes in your financial circumstances. Review of your situation does not guarantee an adjustment to your aid, but may result in a change if it more accurately reflect your financial situation. Please provide the following documentation along with this form to the Office of Student Financial Aid:

**Written Explanation** of the special circumstances that affect your financial situation

**Complete Documentation** supporting your explanation of the circumstances (see list of accepted documents below)

Please write the student’s name on all attached documentation. Submit all information together to satisfy all requirements listed above. You will be notified with the results of your application within 2-4 weeks.

### GENERAL BASIS OF APPEAL (check any that apply)

\_\_\_\_\_ **Loss of Income / Benefits**—for students or their parent(s) (if applicable) have experienced a loss of income or benefits. Examples of acceptable documentation may include:

- Termination letter from employer
- Unemployment verification
- Last pay stub
- Last pay stub
- Official letter documenting termination of benefits
- Signed copy of tax return or IRS tax return transcript documenting change of income

\_\_\_\_\_ **Divorce/Separation**

- W-2 Forms
- Copy of court order: final divorce decree, legal separation agreement, etc.
- Copy of IRS tax return or tax return transcript

\_\_\_\_\_ **Death of Parent or Spouse**

- Copy of death certificate
- W-2 Forms
- Copy of IRS tax return or tax return transcript

\_\_\_\_\_ **Excessive Medical Costs** not covered by insurance

- Document detailing expenses paid
- Canceled checks verifying payment made

\_\_\_\_\_ **Other:** \_\_\_\_\_ (specify and include appropriate documentation)

All of the information attached is true and complete to the best of my knowledge. I agree to provide more detailed documentation if required.

\_\_\_\_\_  
 Student Signature Date

\_\_\_\_\_  
 Spouse/Parent Signature Date