

# EMPORIA STATE UNIVERSITY

■ FINANCIAL AID, SCHOLARSHIPS, &  
VETERANS SERVICES

## 2020-2021 Professional Judgment Consideration Form

Campus Box 4038, 1 Kellogg Circle, Emporia, KS 66801-5415  
Phone: (620) 341-5457 or 1-800-896-0567 Fax: (620) 341-6088  
finaid@emporia.edu

If a change in your financial circumstances has occurred since you completed the Free Application for Federal Student Aid (FAFSA), you may be eligible for a FAFSA review (Professional Judgment). Not every family situation qualifies for a review, so submission of this form does not guarantee a review. In addition, a review is not a guarantee that there will be any change in your award offer. Please complete this form and return it to the Office of Financial Aid, Scholarships, & Veterans Services.

### IMPORTANT INFORMATION

- Consumer indebtedness (mortgages, credit card debt, automobile loans, home equity loans, payday loans, and other consumer loans) is not considered grounds for consideration as they are considered "personal choices" of student/family.
- You must be able to provide supporting documentation.
- You must have already completed a FAFSA for the academic year in which this review is being requested.
- Professional Judgment decisions (may) change your Expected Family Contribution (EFC). This number determines a student's need. The higher the number is, the less the student's need will be. If your current EFC is 0, there is no need to complete this application as this is the lowest the EFC can be. Please review your Student Aid Report (SAR), or contact us if you are unsure what your EFC is.
- Graduate students are only eligible for unsubsidized loans regardless of EFC. Revision of income on the FAFSA would make no difference in the type or amount of aid eligibility.

Student Name

Student ID Number

Address

Email Address

City, St, Zip

Parent Name (if dependent student)

Phone Number

Please check which situation(s) apply:

	Student	Father (if a dependent student)	Mother (if a dependent student)	Student's Spouse (if applicable)
Loss of employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss or reduction of income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separation or divorce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquidation/foreclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain, in as much detail as possible, the reason for this request:

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By signing this form I certify that the information reported on this request and information that will be provided regarding this request is complete and accurate to the best of my knowledge. I understand that if I purposely provide false, misleading or incomplete information regarding this request, the request may be denied. Furthermore, I understand that submission of false or misleading documentation may result in a fine and/or imprisonment.

Student Signature

Date