

2024-25 Professional Judgement Unusual Circumstances Form

Clark State College is required to consider parent information when determining financial aid eligibility for students who are not independent according to the Free Application for Federal Student Aid (FAFSA) dependency definitions. Exceptions to this requirement are made only when adequate documentation of extenuating circumstances exist.

SECTION A: STUDENT INF	ORMATION		
Name:	Stude	Student ID Number:	
Address:	City:	State:	Zip:
Primary Phone:			
	TATEMENT nt explaining the circumstances of years of those actions as well as the r		y includes legal
	FION MAY INCLUDE ent from an adult who can verify the etter can be from a friend or family w		
professional capacity and members, attorneys, scho professors, law enforceme	etterhead from an adult professional who is not personally connected to ol guidance counselors, medical doc ent officers, professional staff of Child on (applicable to the situation descri	you. Adult professionals tors, mental health profe dren Services Bureaus an	include clergy ssionals, teachers, d other officers of the
• If you are submitting an ap	opeal due to a death of a parent, atta	ach a copy of the death o	certificate.
If you are submitting an appropriate to the state of	opeal due to incarceration, attach pro	oof of parent's incarcerat	tion.
If you are submitting an all explaining the parent's co	opeal due to parental incapacitation, ndition.	attach a letter from the	parent's doctor
NOTE: All letters should explai	n the situation in detail.		
Check this box if you are ur	nable to provide additional document	tation.	
SECTION D: VERIFICATION	N		
-	s selected for verification, you wi omit for the verification process.	ll be notified through <u>y</u>	your student email o
SECTION E: CERTIFICATION	N STATEMENT		
	tion on this form and accompanying e, I affirm that I have not knowingly o		
Student Signature:		Date:	

Acceptable signature formats include hand-written signatures, signatures made using a stylus or finger or an image representation of your signature.

For FA Office use only.		
Interview with student required: \square Yes \square No		
Interview Notes:		
Appeal approved?		
Signature of authorized school official: Date	Date:	