

2025-26 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.

SE	CTION A: STUDENT INFORMATION	N .			
Name:		Sti	Student ID Number:		
Address:		City:	State:	Zip:	
Pri	mary Phone:				
SECTION B: STUDENT'S STATEMENT Submit the following: • Attach a detailed statement explaining the circumstances of your appeal. If your history includes legal intervention, include the dates of those actions as well as the nature of those events.					
 SECTION C: DOCUMENTATION MAY INCLUDE Attach a notarized statement from an adult who can verify the family circumstances described in your personal statement. The letter can be from a friend or family who can verify your situation. 					
•	Attach a signed letter on letterhead from an adult professional who is able to verify your situation in their professional capacity and who is not personally connected to you. Adult professionals include clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, teachers, professors, law enforcement officers, professional staff of Children Services Bureaus and other officers of the court. Court documentation (applicable to the situation described) may be considered of a statement from an adult professional.				
•	If you are submitting an appeal du	e to a death of a parent, a	attach a copy of the dea	ath certificate.	
•	If you are submitting an appeal du	e to incarceration, attach	proof of parent's incarc	eration.	
•	If you are submitting an appeal du explaining the parent's condition.	e to parental incapacitation	on, attach a letter from	the parent's doctor	
NC	DTE: All letters should explain the sit	uation in detail.			
\square Check this box if you are unable to provide additional documentation.					
SE	CTION D: VERIFICATION				

If your 2025-2026 FAFSA is selected for verification, you will be notified through your student email of

documents you need to submit for the verification process.

I certify that all of the information on this form and accompanying documents are true and complete to the best of my knowledge. Furthermore, I affirm that I have not knowingly or intentionally provided any false or fraudulent documentation.				
Student Signature:	Date:			
Acceptable signature formats include hand-written signature an image representation of your signature.	s, signatures made using a stylus or finger or			
For FA Office use only.				
Interview with student required: \square Yes \square No				
Interview Notes:				
Appeal approved? ☐ Yes ☐ No If not, why?				

MAIL FORM TO:

Clark State College, Financial Aid Office 570 E. Leffel Lane, Springfield, Ohio 45505 financialaid@clarkstate.edu • 937-328-6034

SECTION E: CERTIFICATION STATEMENT

Signature of authorized school official: ______ Date: _____