



2025-26 Professional Judgement Appeal: Special Circumstances Form

Financial aid for the 2025-2026 award year is based on 2023 income. If you and/or your family have had a significant change in your financial situation, you may request to have your financial aid re-evaluated. This review will be based upon the information provided through a process called Professional Judgement Appeal.

SECTION A: STUDENT INFORMATION

Name: _____ Student ID Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____

SECTION B: PROVIDE A WRITTEN STATEMENT

Please provide a required written statement regarding your Special Circumstances. You may attach a separate page if you need additional space.

SECTION C: What Best describes your Special Circumstances?

☐ Reduction in income or Loss of Employment

Reduction in Income

- Provide most recent pay stubs

Loss of Employment

- Provide letter verifying of separation from employer
- Provide Severance Benefit Statement and/or Unemployment Benefit Statement
- Provide the last pay stub from employer

☐ Separation or Divorce

- Provide legal documentation of separation or divorce if available
- Provide most recent W2's and/or 1099's for student or remaining parent

If the student was married, provide the documentation above as it pertains to the student and former spouse.

☐ Unreimbursed medical expenses

- Provide copies of paid out-of-pocket bills for unusually high medical expenses

SECTION D: APPLICATION PROCESS

The submission of a Professional Judgment Request Form does not guarantee a change to your aid offer. Decisions are made 3-5 business days from the date a completed Professional Judgment packet is submitted and verification, if applicable, is finalized. Once the application is processed, you will receive notification of the results by email. If the revisions result in additional federal aid eligibility, you will also receive a revised award notification email.

CERTIFICATION STATEMENT

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:** _____

Parent Signature *(if parent information is provided)*: _____ **Date:** _____

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

FOR OFFICE USE ONLY

Appeal approved? ☐ Yes ☐ No Updates to transaction #: _____

Updates: _____ Revised EFC: _____

Financial Aid Office Signature: _____ Dates: _____

MAIL FORM TO:

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