Your financial aid eligibility is determined according to procedures established by the Federal government. These procedures require that each student undergo a consistent evaluation of the family's ability to pay the direct costs of attending school.

Based on this evaluation of your ability to pay for school and an estimate of your cost of attendance, we offer you a package of financial aid to help you meet the costs you are not able to meet.

In establishing these procedures, the Federal government has acknowledged that some students will have unique circumstances affecting their ability to pay for school. As a result, the government does give financial aid administrators limited authority to make adjustments to financial aid eligibility.

Federal regulations governing the student financial aid programs allow for the re-calculation of eligibility if the student (or spouse if married) has encountered significant financial changes between the 2015 and 2016 calendar years.

The RSC Financial Aid Office will accept requests for a professional judgment review between April 1, 2016 and June 30, 2017.

All students requesting a professional judgment review will automatically be selected by the RSC Financial Aid Office for verification of certain information reported on the student’s FAFSA. In addition to the documents required to verify your special condition, independent students will also be required to submit the following documents:

- a copy of their 2015 IRS Tax Return Transcript (if filed) and/or 2015 W2 form(s)
- a copy of their spouse’s (if married) 2015 IRS Tax Return Transcript (if filed) and/or 2015 W2 form(s).
  (the IRS Tax Return Transcript can be requested by calling the IRS at 1-800-908-9946 or online at www.irs.gov.)
- Independent Verification Worksheet (this form can be downloaded at http://www.rose.edu/financial-aid-forms

The student must complete all sections of this form:

- Section I –Special Condition (identify the type of condition)
- Section II- Student’s 2016 Income Worksheet
- Section III-Other Information
- Section IV-Student Certification

REQUESTS SUBMITTED WITHOUT DOCUMENTATION WILL NOT BE PROCESSED. THE DECISION RENDERED BY THE RSC FINANCIAL AID OFFICE IS FINAL AND CANNOT BE APPEALED.
YOUR FAMILY CONTRIBUTION

The RSC Financial Aid Office uses a federal formula to calculate your Estimated Family Contribution (EFC). The Family Contribution is based on the notion that each student (and his or her family) has the primary responsibility of providing for the cost of attending college to the extent that they are financially able. Sometimes a family's financial situation changes and the information used to calculate your Family Contribution is no longer realistic. Listed below are some typical situations where an applicant may qualify for an adjustment to his or her Family Contribution.

Please choose from Section I, your special condition.

SECTION I – Special Condition
(You must also complete SECTIONS II, III and IV of this form)

A-DISABILITY (YOU MUST ALSO COMPLETE SECTION II, III AND IV OF THIS FORM)

_____ My spouse or I have become disabled since the original application, and the disability has resulted in a loss of income or earning potential.

   If this condition applies, when did the disability begin? ________________________

   If this condition applies, when did your / your spouse’s employment stop? ________________

You must submit a letter on letterhead that describes the disability. The letter should be prepared by a physician or health agency and should address your employability.

B – UNEMPLOYMENT (YOU MUST ALSO COMPLETE SECTION II, III AND IV OF THIS FORM)

_____ My spouse or I have experienced a significant change in employment which will result in a significant loss of income for calendar year 2016. To request evaluation based on this item, please follow these steps:

1. Submit a statement from your (or your spouse’s) employer(s) that verifies the date the full-time employment ended. If this is not available, submit a notarized statement that verifies your (or your spouse’s) last date of full-time employment.

2. Submit your (or your spouse’s) last pay stub for the job that ended.

C - DIVORCE, LEGAL SEPARATION OR DEATH OF SPOUSE (YOU MUST ALSO COMPLETE SECTIONS II, III AND IV OF THIS FORM)

If applicable, what was the date of your divorce or legal separation? ______________________
   • If this item applies, you must submit a copy of your divorce decree or documentation of legal separation.

If applicable, what was the date of your spouse’s death? ______________________
   • If this item applies, attach a copy of your spouse’s death certificate.

List the members of your current household, including yourself:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Applicant</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
D. MARRIAGE OR REMARRIAGE (YOU SHOULD ALSO COMPLETE SECTION II, III AND IV OF THIS FORM)

_____ At the time I originally submitted my 2016-2017 FAFSA, I was not married. However, I have since married or remarried. If this condition applies, you must submit the following documents:

1. Attach a copy of your marriage license to document date of marriage.
2. Attach your and your spouse’s 2015 IRS Tax Return Transcripts.

E - LOSS OF OTHER RESOURCES (YOU MUST ALSO COMPLETE SECTION II, III AND IV OF THIS FORM)

_____ My spouse or I have lost other resources which were available in 2015. Indicate the kind of resource(s) lost and the date you ceased to receive the income:

Type of Income: __________________________ Last Date Received: __________

To verify this item, you should submit a statement which verifies the total amount of the indicated income received for 2015. The statement should verify the last date the resource was received. This should normally be verified on agency letterhead.

SECTION II – 2016 Income Worksheet

This section must be completed in all cases. If married, the shaded section for spouse must be completed. You must submit documentation to verify ALL sources of income you are currently receiving for 2016.

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Date Resource Started in 2016</th>
<th>Your 2016 Monthly Income From This Source</th>
<th>Your 2016 Total Income From This Source (Year to Current Date)</th>
<th>Spouse’s 2016 Monthly Income From This Source</th>
<th>Spouse’s 2016 Total Income From This Source (Year to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages/Salary/Tips</td>
<td>$_________________/mo</td>
<td>$_____________ YTD</td>
<td>$_________________/mo</td>
<td>$_________________/mo</td>
<td>$_________________/mo</td>
</tr>
<tr>
<td>Other Taxable Income</td>
<td>$_________________/mo</td>
<td>$_____________ YTD</td>
<td>$_________________/mo</td>
<td>$_________________/mo</td>
<td>$_________________/mo</td>
</tr>
<tr>
<td>Child Support for all Children/Alimony</td>
<td>$_________________/mo</td>
<td>$_____________ YTD</td>
<td>$_________________/mo</td>
<td>$_________________/mo</td>
<td>$_________________/mo</td>
</tr>
<tr>
<td>Welfare (such as AFDC; TANF; Food Stamps; Housing Assistance)</td>
<td>$_________________/mo</td>
<td>$_____________ YTD</td>
<td>$_________________/mo</td>
<td>$_________________/mo</td>
<td>$_________________/mo</td>
</tr>
<tr>
<td>Military Quarters and Rations Allowances</td>
<td>$_________________/mo</td>
<td>$_____________ YTD</td>
<td>$_________________/mo</td>
<td>$_________________/mo</td>
<td>$_________________/mo</td>
</tr>
<tr>
<td>Worker’s Compensation/ Severance Pay/Disability Income/Cash Settlements</td>
<td>$_________________/mo</td>
<td>$_____________ YTD</td>
<td>$_________________/mo</td>
<td>$_________________/mo</td>
<td>$_________________/mo</td>
</tr>
<tr>
<td>Insurance Income/Other Income Specify:______________</td>
<td>$_________________/mo</td>
<td>$_____________ YTD</td>
<td>$_________________/mo</td>
<td>$_________________/mo</td>
<td>$_________________/mo</td>
</tr>
</tbody>
</table>

REQUESTS SUBMITTED WITHOUT DOCUMENTATION WILL NOT BE PROCESSED
SECTION III – Other Information

You should use this section to explain your special condition or you must provide us with a separate statement explaining your situation.

SECTION IV – Certification

I/We certify the information reported on this form as accurate and complete. I/We understand we may be requested to provide additional documentation to support our request. I/We also understand the estimates reported on this form must be accurate or eligibility for assistance may be affected.

Student Signature: ________________________________ Date: ______________

Spouse’s Signature (if applicable): __________________ Date: ______________

WARNING: If you purposely give false or misleading information on this form, you may be fined, sent to prison, or both.

RSC Financial Aid Office Use Only

Professional Judgement Approved: Yes ________ No ________

If no, reason: __________________________________________________________

Reviewed By: ________________________________ Date: __________________________