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’s parent(s) have encountered significant financial changes between 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 parent’s special condition, dependent 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 parent(s)’ 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.)
- Dependent Verification Worksheet (this form can be downloaded at http://www.rose.edu/financial-aid-forms

The student and parent must complete all sections of this form:

- Section I –Special Condition (identify the type of condition)
- Section II- Parents’ 2016 Income Worksheet
- Section III-Other Information
- Section IV-Student and Parent 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 parent(s)’ special condition.

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

A-DISABILITY (Your parents should also complete SECTIONS II, III and IV of this form)

_______One of my parents has become disabled since the original FAFSA application was submitted 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 parent’s employment stop? ______________________

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

B-UNEMPLOYMENT (Your parents must also complete SECTIONS II, III and IV of this form)

_______My parent has experienced a significant change in employment that 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 parent’s employer(s) that verifies the date the parent’s full-time employment ended. If this is not available, submit a notarized statement that verifies your parent’s last date of full-time employment.

2. Submit your parent’s last pay stub for the job that ended.

C - DIVORCE, LEGAL SEPARATION or DEATH of a PARENT (Your parents must also complete section II, III and IV of this form).

If applicable, what was the date of your parents’ divorce or legal separation? ________________________________

- If this item applies, you must submit a copy of your parents’ divorce decree or documentation of legal separation.

If applicable, what was the date of your parent’s death? ________________________________

- If this item applies, attach a copy of your parent’s death certificate.

List the current members of your parents’ household, including yourself:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Applicant</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D-LOSS of OTHER RESOURCES (Your parents must also complete section II, III and IV of this form).

Your parent(s) have lost other resources which were available in 2015. Indicate the kind of resource(s) lost and the date your parent(s) 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 and/or 2016. The statement should verify the last date the resource was received by your parent. This should normally be verified on agency letterhead.

SECTION II – Parents’ 2016 Income Worksheet

You must submit documentation to verify ALL sources of income your parents are currently receiving for 2016.

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

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

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

SECTION IV - Certification

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

Student Signature: ________________________________ Date: ______________

Parent Signature: ________________________________ 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: ______________________