



# Richard Bland College of WILLIAM & MARY

## 2023-2024 Professional Judgment Request

Office of Financial Aid

Pecan Hall

11301 Johnson Road

S Prince George, VA 23805

Fax: (804) 862-6189 or Email: [financialaid@rbc.edu](mailto:financialaid@rbc.edu)

Name of Student \_\_\_\_\_  
(PLEASE PRINT)

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Student ID R # \_\_\_\_\_ SSN (Last 4 Digits) \_\_\_\_\_

**Deadline to submit: Fall 2023 semester (July 14<sup>th</sup>) or Spring 2024 semester (Nov. 17<sup>th</sup>)**

Through the use of Professional Judgment, the Financial Aid Office **may** be able to make adjustments to your FAFSA which **could** result in a recalculation of aid eligibility at Richard Bland College. All Professional Judgment cases are reviewed on a case by case basis and is valid for one academic year. Review of the judgement does not guarantee a result in any additional financial aid.

**All decisions are final.**

All documentation required must be attached. Incomplete information and telephone requests will not be accepted. Please **NOTE** the student/and or parent(s) have the primary responsibility for any financial obligation that may exist prior to the completion of the review process.

### Response and Turnaround Time:

Please allow at least 3 weeks for a response. During peak processing times (January through May), it may take 4-6 weeks for an appeal to be reviewed by the committee. **The student and parent will be informed of the decision by e-mail to the e-mail address indicated above.**

*The following cases are accepted at Richard Bland College. Please circle the case that applies to your situation and include a detailed letter with your request.*

### **Dependency Status Override**

- Letter from student
- A detailed letter from a third-party source familiar with your family circumstances. The source must be a teacher, minister, lawyer, physician, counselor, social worker or other professional who is willing to verify your circumstances.
- Student's 2021 tax return or other documentation of resources or in-kind support
- Parent tax return (2021 and 2022)
- A copy of **ALL** living expenses such as utility bills (light, telephone, gas), house/apartment lease, vehicle insurance, etc.
- Court documents

**☐ Loss /Reduction in Employment (Unemployment must be for at least ten weeks before an Appeal will be considered.)**

- A letter from the former employer on company letterhead detailing the employee's termination/separation date
- Notice of severance/pay-out
- Notice of unemployment benefits
- A copy of the employee's year-to-date pay stub
- A copy of the current year tax forms and W-2's

**☐ Loss /Reduction of Income or Benefits**

- A copy of a letter from the appropriate state or federal agency that specifies the termination date and the amount of benefits received, such as Social Security benefits, Unemployment Benefits, Child Support, etc.
- A benefits schedule/documentation

**☐ Divorce or Separation**

- A copy of the divorce decree or separation agreement (preferably from a lawyer).
- Documentation indicating that the divorce or separated parties have been living separately and have incurred their own living expenses (i.e. utility bills, lease, etc.).
- A copy of the current tax forms and W-2 Forms

**☐ Death of Parent or Spouse**

- A copy of the death certificate or obituary
- A detailed letter from a third-party source familiar with your family circumstances. The source must be a teacher, minister, lawyer, physician, counselor, social worker or other professional who is willing to verify your circumstances.
- A copy of the current tax forms and W-2 Forms

**STATEMENT OF UNDERSTANDING**

- ☐ I/we certify that all of the information provided and the supporting documentation submitted is true and accurate.
- ☐ I/we understand that the request will not be considered until all adequate and complete documentation is submitted. In addition, the Office of Financial Aid may require additional documentation in order to verify and substantiate the situation.
- ☐ I/we understand that the Office of Financial Aid will review the request and let me/us know of the outcome in approximately 3 weeks.
- ☐ I/we understand that completion of this form does not guarantee additional aid, and Billing Office/Student Accounts payment deadlines and procedures need to be adhered to during the review process in order to avoid potential late fees.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only:**

☐ Approved ☐ Denied Reason: \_\_\_\_\_

ISIR Trans# \_\_\_\_\_ Old EFC \_\_\_\_\_ New EFC \_\_\_\_\_