



## **SUPPORT OF EXTENDED FAMILY REQUEST FOR PROFESSIONAL JUDGEMENT**

Student Name: \_\_\_\_\_ ID: 770- \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Permanent Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Academic Year: \_\_\_\_\_ - \_\_\_\_\_

Type of Professional Judgment:

\_\_\_\_\_ Budget Modification – Support of Extended Family

### **Your request will need to include the following:**

- **Extended Family Support Form (see attached)**
- **Last 2 years of IRS Federal Tax Transcripts & W2's for student (spouse or parent(s) if applicable)**
- **Most recent pay stubs for student (spouse or parent(s) if applicable)**
- **Completed Household Verification Worksheet**
- **Completed Untaxed Income Form**
- **Completed Asset Information Form**
- **Signed & dated DETAILED (dates and amounts – a financial timeline) statement explaining current situation and the reason for requesting a Professional Judgment**

I am requesting that the Financial Aid Director at Helena College University of Montana consider my circumstances to determine if I may be eligible for a professional judgment according to the Department of Education Federal Regulations. This determination may allow my financial aid eligibility to change at the Helena College University of Montana only. I agree to provide any documentation requested by the Financial Aid Director if it can be obtained. I understand that this decision is made by the Financial Aid Director based upon documentation I supply and that any professional judgment decisions are final.

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

**This form and any required/requested documentation must be given to the Helena College Financial Aid Office prior to any professional judgment being granted.**

**FOR QUESTIONS CALL: FINANCIAL AID OFFICE, Helena College, 1115 N. Roberts Street, Helena, MT 59601**

**406-447-6916, [www.helenacollege.edu](http://www.helenacollege.edu)**

**RETURN DOCUMENTATION TO: FINANCIAL AID OFFICE, Helena College, 1115 N. Roberts, Helena, MT 59601, or fax to: 406-447-6397**



Student's Name \_\_\_\_\_ ID 770- \_\_\_\_\_

### **Support of Extended Family**

The student (or parent(s)) contributes financial support to relatives not counted as members of your household. Complete the grid below for each relative indicated. (For either 7/1/18-6/30/19 or 7/1/19-6/30/20), you must choose only one Academic Year.

Name of supported relative	Age	Relationship to student	Support began Mo/Yr	Support ends Mo/Yr	Amount you pay	Amount paid by other sources	Reason for support

1. Explain if these expenses will be lower, the same or higher in comparison to 2018-2019 or 2019-2020 and the reasons for the difference.

2. List the sources from which you will finance this support.

By signing this worksheet, I certify that all of the information reported to qualify for the Federal student aid is complete and correct. **Dependent students must include parents' signatures.**

\_\_\_\_\_  
Student's Signature                      Date

\_\_\_\_\_  
Spouse Signature                      Date

\_\_\_\_\_  
Mother's Signature                      Date

\_\_\_\_\_  
Father's Signature                      Date