



**MEDICAL EXPENSES REQUEST FOR PROFESSIONAL JUDGEMENT**

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

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

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

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

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

Extremely High Medical Expenses (Over 11% of gross income.)

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

- **Medical Expense Form (see attached)**
- **Last 2 years of IRS Federal Tax Transcripts & W2's for student (spouse or parent(s) if applicable)**
  - **If already utilized IRS Data Retrieval Tool on FAFSA, only need IRS Tax Transcript for prior year.**
  - **If didn't file taxes, need to complete a Wage Verification Form**
- **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 Street, Helena, MT 59601, or  
fax to: 406-447-6397.**



**Unusual Medical and Dental Expenses**

**2020-2021 YEAR**

Student's Name: \_\_\_\_\_ Student ID No: \_\_\_\_\_

**ATTACH ALL RECEIPTS, INSURANCE STATEMENTS, BILLS AND/OR OTHER DOCUMENTS PERTINENT TO THE INFORMATION BELOW.**

- 1. Enter the amount paid for medical/dental insurance in 2018.     \$\_\_\_\_\_
   
    (do not include employer contribution)
- 2. Enter the amount of your 2018 medical/dental expenses not
   
    paid by insurance.     \$\_\_\_\_\_

3. Explain if your unreimbursed medical/dental expenses will be lower, the same, or higher from 1/20-12/20, and the reasons for the difference.

4. List the sources from which you will finance these expenses.

By signing this worksheet, I certify that all of the information reported to qualify for Federal Student Aid is complete and correct. **Dependent students must include parent(s)' signature(s).**

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

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

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

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