



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)**
- **Most recent pay stubs for student (spouse or parent(s) if applicable)**
- **Copies of documentation to support circumstance**
- **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

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 7/1/21-6/30/22 or 7/1/22-6/30/23), 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 2021-2022 or 2022-2023 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