



Financial Aid Office  
 501.205.8911 (phone); 501.329.2941 (fax)  
[thammontree@cbc.edu](mailto:thammontree@cbc.edu)

## Request for Professional Judgment for Extenuating Circumstances

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting a professional judgment for (circle one):    Fall of 20\_\_\_\_ or Spring of 20\_\_\_\_

My request is based on (check one):

- \_\_\_\_\_ Loss of Income
- \_\_\_\_\_ Excessive Medical or Dental Expenses
- \_\_\_\_\_ Other Financial Hardship -- Explain: \_\_\_\_\_
- \_\_\_\_\_ Special Circumstances – Request for Independent Status

**Directions:**

1. You must have completed your Free Application for Federal Student Aid (FAFSA) BEFORE completing this form. If you have not completed your FAFSA, we will not review your request for professional judgment. Once the results of the FAFSA have been sent to you, you can fill out this form.
2. Please provide, in detail, an explanation of your extenuating circumstance.
3. **Along with this form, you must provide supporting documents as proof of financial hardship. See list below:**  
Required Documents (as related to your case)
  - Copy of latest Federal Income Tax Return
  - Most recent W-2 forms
  - Copy of last 4 pay stubs
  - Copy of letter showing final date of employment
  - Copy of divorce decree or notarized letter of separation
  - Copy of custody papers
  - Copy of death certificate
  - Copy of receipts and a page summarizing all the charges and amounts paid to date (You must calculate and total all figures in order for your application to be reviewed.)
  - Itemized and totaled statement of medical expenses *not* paid by insurance
  - Schedule A of the most recent tax return filed required for most medical expense related applications.
  - Detailed explanation of the special circumstance from the student with signature
  - Detailed explanation of the special circumstance from 2-3 other third party persons who are familiar with the circumstances. Each letter must have the signature of the person providing the statement.
4. You may include any additional documents that you feel are necessary in this review, and the Financial Aid Office may also require additional documents as needed.
5. If you're filing based on Loss of Income, please complete Chart below.

Income	Student	Spouse	Mother	Father
<u>Year-to-date:</u> Wages, salaries, tips (include severance pay, disability payments, etc...)				
<u>Estimated wages (Jul 1 – Jun 30 of the current school year):</u> Wages, salaries, tips (include severance pay, disability payments, etc...)				
<b>Total Income:</b>				

\*\* If you or your parents are divorced or separated, give only your information or the information of the custodial parent. If loss of income was due to death of spouse or parent, give only your information or the information of the surviving parent.

Please read and check the following:

- I understand that requesting professional judgment for extenuating circumstances and completing this process will delay my financial aid application process 2-3 weeks.
- I understand that completing this application does not guarantee that an adjustment of my financial aid or FAFSA will be made.
- I understand that I must make all calculations and total all figures or my application will not be considered.
- I understand that an incomplete application will not be considered.
- I understand that the Financial Aid Directors decision is final and additional appeals cannot be made.

I certify that all information on this form and any attached, supporting documents, is true, complete, and accurate to the best of my knowledge. I further understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of any financial aid received.

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Students Signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_

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Spouse or Parent Signature *(If required by Financial Aid office)* \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_

You will be notified in a timely manner as to the outcome of the Financial Aid Office's decision.

Please return form to: **Central Baptist College**  
**Attn: Financial Aid Office**  
**1501 College Ave**  
**Conway, AR 72034**  
**[financialaid@cbc.edu](mailto:financialaid@cbc.edu)**  
**FAX: 855-217-7072**

Financial Aid Office use only:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

FAA Signature: \_\_\_\_\_

Date: \_\_\_\_\_