

**FAO Signature** 

Return to: LSC Financial Aid Office 2101 Trinity Road Duluth, MN 55811

**2023-2024 Request for** Professional Judgement
(Do not submit this form without the required documentation

financialaid@lsc.edu Fax: 218-733-5945 attached.)

Print Your Name:		Star/Tech Id:			
	Last Name	First Name			
Student's P	referred Name*:	Pronouns:			
for incomplete poses in	nificant change of Income 2022 and filed your 2022 Fe sibly adjust your aid faster ome occurred in 2022, you at the IRS.  Complete the attached 20 (after March 1, only a Fed supports the figures you h Attach your 2021 Federal Attach a written statement 1. Detailed explanation 2. Date last employed.	Office consider the following:  : (requests for this reason will not be accepted until January 2023 as you must have all W-2's deral income tax return before submitting this request.) We can analyze your situation and if you submit clear and detailed explanations and sufficient documentation. If your change of may be asked to provide documentation to verify your 2022 income once that has been filled as 22 Income Worksheet, and attach your 2022 W-2's, signed 2020 Federal income tax return transcript will be accepted) and any other income documentation that are reported on the income worksheet.  Income tax return transcript, if you have not already submitted it to LSC for verification. If from you (spouse/parents if applicable) addressing the following:  Is to the reason for the decrease in income (i.e. termination, disabled, position change, etc.)			
can <u>mus</u>	petition for Independent Sist update your marital statu Provide income document recent paystub). Attach 2021 Federal incor LSC for verification.	Dependent Students: Dependent students who are married after the FAFSA has been filed atus if they can demonstrate that the change impacts the student's ability to pay for school. You son the FAFSA before this petition can be considered. The ation for 2022 for yourself and your spouse (W-2's, Federal income tax return transcript, most be tax return transcripts for yourself and your spouse, if you have not already submitted them to addressing the impact on your ability to pay and why you feel this request should be			
unu will woo han	isual or excessive expenses normally result in increased ald be cost of tools or flight dicap/disability. In order for Detailed explanation of the	c of Attendance: You may request an adjustment to the standard cost of attendance based on . Adjustments to the standard budget are granted based on documented unusual expenses and self-help funds (loans/work-study), not increased grant aid. Examples of this kind of adjustment dees that are required for the program; excessive medical expenses paid; expenses related to a ran adjustment to be considered, you must provide the following: nature of the request, what the unusual expenses are, when and why they occurred. Sual expenses. This can include cancelled checks, receipts, course schedule, information from ailed costs of tools, etc.			
	=	atement and supporting documentation for consideration of this request. Your statement must umstance and what you are requesting. Your documentation must support your request.			
Student's S	ignature	Parent's Signature (for Dependent students)  Date			
		OFFICE USE ONLY			
		the following reason:			

Date



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## 2022 Income Worksheet

(This form is only required if your request is for a significant change of income)

Print Your Name:			Star/Tech Id:		
Last Name	Fi	rst Name			
Student's Preferred Name*:	Pronouns:				
Please complete this form if your income ar 2021 and you are submitting the <i>Request t</i> of explanation.					
Actual Income Received for Januatax return (after March 1, only a Federal incomporting the figures you report below.)					
	Student	Spouse	Father	Mother	
Wages earned: (attach federal tax return & W-2's)	\$	\$	\$	\$	
Unemployment Benefits: (attach determination of benefits letter)	\$	\$	\$	\$	
Child Support:	\$	\$	\$	\$	
Worker's Compensation:	\$	\$	\$	\$	
Disability:	\$	\$	\$	\$	
Cash you received or money paid on your behalf for things such as rent, food, gas, etc.:	\$	\$	\$	\$	
Any other income:(attach any 1099's)	\$	\$	\$	\$	
If you had one time income (i.e., inheritance identify the source and how funds were spethe income is no longer available for educa	ent or invested.	You will need to pro			
I understand that all information requested be made. I certify that the above informatio				pefore an adjustment will	
udent's Signature Parent's Signature (for Dependent students) Date					

This document can be made available in alternative formats by contacting Disability Services at 218-733-7650 (voice) or 218-733-7705 (TTY).

<sup>\*</sup> If you would like your preferred name on your LSC records, please update in your e-Services account in the "name and address" section. Your preferred name may not appear on every communication that you receive from LSC.