

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

2024-2025 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 Preferred Name*:	Pronouns:
 I am requesting the Financial Aid C Significant change of Incomestor for 2023 and filed your 2023 Feat possibly adjust your aid faster if income occurred in 2023, you m with the IRS. a. Complete the attached 2023 March 1, only a Federal incometer b. Attach your 2022 Federal incometer b. Attach your 2022 Federal incometer c. Attach a written statement for 1. Detailed explanation as 2. Date last employed. 	ffice consider the following: (requests for this reason will <u>not</u> be accepted until January 2024 as you must have all W-2's eral income tax return before submitting this request.) We can analyze your situation and you submit clear and detailed explanations and sufficient documentation. If your change of ay be asked to provide documentation to verify your 2023 income once that has been filed Income Worksheet and <u>attach</u> your 2023 W-2's, signed 2023 Federal income tax return (<u>after</u> <u>me tax return transcript will be accepted</u>), and any other income documentation that supports
 can petition for Independent Sta <u>must update your marital status</u> a. Provide income documenta recent paystub). b. Attach 2022 Federal income LSC for verification. 	ependent Students: Dependent students who are married after the FAFSA has been filed us if they can demonstrate that the change impacts the student's ability to pay for school. <u>You</u> on the FAFSA before this petition can be considered. on for 2023 for yourself and your spouse (W-2's, Federal income tax return transcript, most tax return transcripts for yourself and your spouse, if you have not already submitted them to ddressing the impact on your ability to pay and why you feel this request should be
unusual or excessive expenses. will normally result in increased would be cost of tools or flight fe handicap/disability. In order for a. Detailed explanation of the b. Documentation of the unusu the instructor as to the deta Other: You must provide a star	ement and supporting documentation for consideration of this request. Your statement must
clearly identify your special circu	nstance and what you are requesting. Your documentation must support your request.
Student's Signature	Parent's Signature (for Dependent students) Date
	OFFICE USE ONLY
This request has been approved.	
	ne following reason:

Date

Lake Super Col	lege	Return to: LSC Financial Aid Office 2101 Trinity Road Duluth, MN 55811 <u>financialaid@lsc.edu</u> Fax: 218-733-5945	2023 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	First Name	
Student's Preferred	Name*:		Pronouns:

Please complete this form if your income and/or your spouse's or parent's income was substantially less in 2023 than in 2022 and you are submitting the *Request for Professional Judgment* along with supporting documentation and letters of explanation.

Actual Income Received for January 1, 2023 - December 31, 2023. (Attach W-2's, 2023 Federal income tax return (<u>after March 1, only a Federal income tax return transcript will be accepted</u>) and any other documentation supporting 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, IRS or pension distribution) during 2022 that you no longer had in 2023, identify the source and how funds were spent or invested. You will need to provide supporting documentation to verify that the income is no longer available for educational expenses.

I understand that all information requested by the Financial Aid Administrator must be submitted before an adjustment will be made. I certify that the above information is true and complete to the best of my knowledge.

Student'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).

* 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.