



OFFICE OF FINANCIAL AID  
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**Professional Judgment Request  
2024-2025 (July 1, 2024– June 30, 2025/ Tax Year 2022)**

**STUDENT NAME:** \_\_\_\_\_ **STUDENT ID:** \_\_\_\_\_

The United States Department of Education provides in the Higher Education Amendments of 1998 a reaffirmation of the use of professional judgment in determining eligibility for federal financial aid. This provision, on a case-by-case basis, authorizes financial aid administrators to make adjustments to certain data elements on a student’s FAFSA to account for special circumstances that can better reflect their ability to pay for their education. The Financial Aid Office will reevaluate your financial aid eligibility based on your income for the 2023 (1/1/23 to 12/31/24) and/or projected income for the 2024 tax year (1/1/24 to 12/31/25). **If request is received after the Fall semester has ended, please complete and submit your taxes for the 2024 year.**

**PLEASE NOTE: Allow 4-6 weeks to review your request after all documentation is received. During peak times it may take longer.**

**SECTION I:** Please select the option that best describes your special circumstances.

**Loss of Employment for Student/Spouse/ Parent (must be for 90 consecutive days or more)**

- Typed statement explaining circumstances
- Termination letter/Severance letter from employer with last date of employment. If military discharge, provide a copy of DD214.
- Most recent pay stubs or statement of earnings to date
- Unemployment benefits statement or statement of ineligibility for unemployment benefits.
- 2022 and 2023 Tax Transcript including W2s or Wage & Income Transcript
- Retirement benefits (if loss of income is due to retirement)

**Reduction/loss of income (due to Child Support, Alimony, Worker’s Compensation, Disability, Social Security Benefits, Unemployment Compensation, etc.)**

- Typed statement explaining circumstances
- Statement from agency with last date of benefits and year-to-date amount received
- 2022 and 2023 Tax Transcript including W2s or Wage & Income Transcript

**Death of Spouse or Parent (for dependent students)**

- Typed statement explaining circumstances
- A copy of the death certificate
- A copy of student’s Birth Certificate (if reporting death of a parent)
- A copy of student’s Marriage Certificate (if reporting death of spouse)
- 2022 and 2023 Tax Transcript including W2s or Wage & Income Transcript

**Divorce or Separation (Student or Parent)**

- Typed statement explaining circumstances
- Divorce decree or Separation agreement (must have separate living accommodations)
- 2022 and 2023 Tax Transcript including W2s or Wage & Income Transcript

**Other Special Circumstances**

- Typed statement explaining circumstances
- Supporting documentation
- 2022 and 2023 Tax Transcript including W2s or Wage & Income Transcript

**SECTION II: Projected Income for 2023 Calendar Year – Please provide estimates of income for the following individual (if applicable). If an item does not apply, write “N/A”. Please do not leave any blanks or the form will not be processed.**

Student Name: \_\_\_\_\_ ECC ID# \_\_\_\_\_

Income Source	Student	Spouse, if married	Parent(s), if dependent
2023 Wages & Salaries	\$ _____	\$ _____	\$ _____
2023 Unemployment	\$ _____	\$ _____	\$ _____
2023 Disability benefits/Insurance Payout	\$ _____	\$ _____	\$ _____
2023 Social Security benefits	\$ _____	\$ _____	\$ _____
2023 Child support received for all children	\$ _____	\$ _____	\$ _____
2023 Alimony received	\$ _____	\$ _____	\$ _____
2023 Other Untaxed Income	\$ _____	\$ _____	\$ _____
Other: (Veterans Non- Educational benefits, support rec. from friends and family etc.	\$ _____	\$ _____	\$ _____

**SECTION III: Household Members - List the people in your household, including:**

- You (and your spouse, if you have one); Parent(s) if dependent student
- Your children, if you will provide more than half of their support from July 1, 2024 through June 30, 2025, even if they do not live with you; and
- Other people if they now live with you and you will continue to provide more than half of their support from July 1, 2024 through June 30, 2025.

Full Name	Age	Relationship (Self, Parent, Sibling, etc)	College/University
		Self	Edgecombe Community College

**SECTION IV: Student Certification:**

I hereby certify that all information reported on this form and any attachments hereto are true, complete and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid. **Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.**

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

\_\_\_\_\_  
Spouse Signature (if, married) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent Signature (if dependent) \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments: _____	
_____	
FAA _____	Date: _____