Student ID #: _____ Social Security #: _____ – _____ – _____

2009-2010 Professional Judgement Form

Seminole Community College

Name (print) _____

1. Your income, spouse's or parents' income (stepparent if custodial parent has remarried) is considerably less in 2009 than in 2008.

2. Please check the appropriate reason and indicate the date of the change in your situation. DATE: _____

   a. ____ Unemployment or change in employment. (Father___ Mother___ Student ___ Spouse____)
   b. ____ Divorce/Separation
   c. ____ Death of Spouse or parent
   d. ____ Disability: student spouse parent (Circle one)
   e. ____ Other _____

If you or your parents are divorced or separated, give your information and/or the information of the custodial parent.

If the loss of income was due to the death of your spouse or parent, give only your information or the information of your surviving parent.

Give estimated income for 2009 (01/01/09 to 12/31/09):
PROVIDE DOCUMENTATION TO SUPPORT THE FOLLOWING FIGURES

	FATHER / MOTHER	STUDENT/SPOUSE
a. Actual Wages, Salaries, Tips from 01/01/09 to present	$_____/_____	$_____/_____
Estimated income today through 12/31/09 (provide copy of last pay stub and last date of employment on company's letterhead)	$_____/_____	$_____/_____
b. Other Taxable Income for 2009 (Alimony, rental income, pensions, annuities, unemployment compensation, interest income dividends, etc.)	$_____/_____	$_____/_____
c. Expected untaxable income and benefits for 2009: ___Temp. Assistance for Needy Families	$_____/_____	$_____/_____
___Child Support ___Veterans' Benefits (exclude educational benefits)	$_____/_____	$_____/_____
___OTHER untaxed income (such as relatives, friends)	$_____/_____	$_____/_____
Total anticipated income	$_____/_____	$_____/_____

I herby certify that the information on this form is true and correct to the best of my knowledge. If you purposely give false or misleading information, you may be fined $20,000, sent to prison, or both.

_____ _____
Student Signature **Date**

_____ _____
Parent or Spouse Signature **Date**

OFFICE USE ONLY
Approved Denied Pending

_____
Director's Signature

Date: _____