



UNIVERSITY of HAWAII\*  
**KAUA'I**  
COMMUNITY COLLEGE

## Professional Judgment Appeal for Special Circumstances Form

Award Year \_\_\_\_\_ Date \_\_\_\_\_  
Student Name \_\_\_\_\_ User Name/Student ID \_\_\_\_\_  
Parent(s) Name \_\_\_\_\_

Please indicate the reason for requesting professional judgment consideration for yourself. You must document the reason for your request and submit this form along with any non-returnable copies of documents that support your request, to the Financial Aid Office. Any requests submitted without signature, date or documentation will not be considered.

Please complete, sign and submit this form **with a letter of explanation** and the required documentation to the Financial Aid Office.

### Reason for Request

- Marital Status Change** - to allow students/parent(s) to update their marital status if the school determines the update is necessary to address an inequity or to reflect more accurately the student's ability to pay. *\*\*Additional Documents Required: 1) Student and Spouses most recent Tax Return Transcripts, 2) Dated Marriage Certificate 3) Letter stating new number of family members who will be receiving at least 51% support from the student/spouse*
- Parental Non-Disclosure**- parent(s) refuse to provide required information to complete the FAFSA, do not provide any financial support to the student, AND, will not provide support in the future. *\*\*Additional Documents Required: 1) Signed/dated statement from parent(s) explaining in detail the circumstance for not providing information on the FAFSA, why support has ended including the date, and confirming they will not provide support in the future. OR, 2) Signed/dated statements from student, and an independent third party such as counselor, teacher, pastor, court system, etc, explaining the situation as it relates to the relationship with the parent(s) and the extenuating circumstance.*
- PLUS Loan Exceptional Factors** - parent(s) are unable or unwilling to borrow a PLUS loan due to exceptional factors. *\*\*Additional Documents Required: 1) Official documentation showing proof of one of the following extenuating circumstances pertaining to the parent: Incarcerations, Bankruptcy indicating parent(s) are unable to incur additional debt, Parent income is limited to public or federal assistance or disability benefits, Parent is not a US citizen or permanent resident, but student is.*
- Loss of Income/Income Reduction** – (Check all that apply) - circumstances, such as a lost job or pay cut, result in prior earnings that may not be an accurate representation of the annual recurring income. *(Please complete section A below)*
  - Student/Spouse
  - Parent(s)*\*\*Additional Documents Required: 1) Letter from former employer, on letterhead confirming termination, reduction in hours, pay cut, etc, 2) w-2 Forms or pay statements showing year-to-date income, 3) Unemployment compensation claim if applicable*

*Kaua'i Community College does not discriminate on the basis of age, race, sex, color, national origin, or disability in its programs and activities. For more information or inquiries regarding these policies, please contact Teresa Tumbaga, Title IX Coordinator, [tumbagat@hawaii.edu](mailto:tumbagat@hawaii.edu), 808-245-8395 or Marilyn Hashidaka, ADA Coordinator, [hashisak@hawaii.edu](mailto:hashisak@hawaii.edu), 808-245-8314.*

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- One-time Taxable Income** (Non-reoccurring income) - a portion of income is a one-time event; therefore, earnings may not be an accurate representation of the annual recurring income. **\*\*Additional Documents Required:** 1) Dated documentation, from a third party, showing current years income to date.
- Excessive Medical/Dental Expenses** - medical or dental expenses that are medically necessary, not covered by insurance, and paid, not owed by the student. **\*\*Additional Documents Required:** 1) Receipts from payments made, or 2) Copies of cancelled checks or other payment sources supporting that expenses were paid but not covered by insurance, 3) Copies of insurance documentation supporting expenses that were covered as compared to other documentation showing expenses not covered but paid, 4) Tax Transcripts
- Exceptional Expenses** - unavoidable expenses, such as uninsured casualty losses, natural disaster-related expenses, funerals, or excessive legal fees. **\*\*Additional Documents Required:** 1) Copies of cancelled checks or other payment sources supporting that expenses were paid but not covered by insurance, and 2) Copies of insurance documentation supporting expenses that were covered as compared to other documentation showing expenses not covered but paid
- Selective Service** - demonstrate, with evidence, that failure of male students 26 years old or older to register was not knowing and willful. **\*\*Additional Documents Required:** 1) Status information letter from Selective Service, 2) Letter from the student explaining situation and why he/she was not aware of the requirement, 3) supporting documentation if any of the following apply: Incarceration, Hospitalization, Military service, recent citizenship status change, address changes
- Parent(s) Enrolled in College** -parent must be attending a Title-IV-eligible institution in a degree seeking program with at least half-time enrollment status and must be paying his or her own tuition. **\*\*Additional Documents Required:** 1) Dated statement from the college verifying the degree seeking program and number of credits the parent is enrolled in, 2) Copy of cancelled check or other proof of payment to the institution for tuition.
- Other Extenuating Circumstances:**

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### Income Table

INCOME FOR JANUARY 1, 2018 TO DECEMBER 31, 2018	ACTUAL 01-01-2018 - Today	ESTIMATED Today to 12-31-2018	TOTAL Actual + Estimated
<b>Student</b> 2018 gross income earned from work (wages, salaries, tips, etc.)	\$	\$	\$
<b>Parent(s)/Spouse</b> 2018 gross income earned from work (wages, salaries, tips, etc.)	\$	\$	\$
<b>Other taxable income:</b> (enter in appropriate line)	\$	\$	\$
Dividends .....	.....	.....	.....
Interest .....	.....	.....	.....
Pensions .....	.....	.....	.....
Annuities .....	.....	.....	.....
Alimony .....	.....	.....	.....
Capital Gains .....	.....	.....	.....
Unemployment Compensation .....	.....	.....	.....
Rental .....	.....	.....	.....
Partnerships.....	.....	.....	.....
S Corporations .....	.....	.....	.....
Business/Farm Income .....	.....	.....	.....
Combat Pay.....	.....	.....	.....
Other (specify what) .....	.....	.....	.....
Child support received	\$	\$	\$
<b>Other untaxed income:</b> (enter on appropriate line)	\$	\$	\$
Workers Comp.....	.....	.....	.....
Payments to IRA/KEOGH.....	.....	.....	.....
Tax Exempt Interest.....	.....	.....	.....
Untaxed portions of pensions .....	.....	.....	.....
Non-educational veterans benefits..	.....	.....	.....
Untaxed disability from all sources	.....	.....	.....
Housing and other allowances for clergy or military.....	.....	.....	.....
Other (specify what) .....	.....	.....	.....
Total income for 2018	\$	\$	\$

*I certify that the information is true and correct to the best of my knowledge. I understand that any false statement or misrepresentation may be cause for denial, reduction, or repayment of financial aid.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (Dependent Student)

\_\_\_\_\_  
Date

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