

### **Professional Judgement Application, 2023-24**

University of Health Sciences and Pharmacy (UHSP), as allowed by law, considers life changes that occur after the completion of your Free Application of Federal Student Aid (FAFSA). Special circumstances are reviewed on a case-by-case basis, and the University is limited regarding the adjustments that can be made.

This form may be used to report significant changes that have occurred since 2021, the tax year used for filing the 2023-2024 FAFSA. The Financial Aid Office must have the results of a valid FAFSA prior to the review of any special circumstances. If clarification of your situation is necessary, the office may request additional information or documentation beyond those requested on this form.

Some situations require a full verification of all data originally reported on your FAFSA. In these cases, the Financial Aid Office will request copies of student, spouse, and parent 2021 federal tax return transcripts or W-2 forms as appropriate, as well as a Verification Worksheet. This documentation is in addition to that listed below. Review of this information does not guarantee any change of financial aid awards. As such, please continue to make necessary financial arrangements (payment, securing student loans, etc.).

The Financial Aid Office will consider involuntary reductions in income or unusual circumstances that significantly and negatively affect your ability to contribute to the cost of attending UHSP. It is our policy not to consider a reduction in income for the following:

- Unusual expenses related to personal living (e.g., wedding expenses, credit card bills, home mortgage, school loan payments, car payments, legal expenses, voluntary loss/decrease in income, student or spouse quitting a job to attend school, or private elementary/secondary school tuition).
- Reductions in overtime pay or one-time winnings (this will be reflected on the following year's financial aid applications).

Please upload your Professional Judgment Application and supporting documentation on the Documents and Messages page of the University's financial aid portal at [uhsp.edu/netpartner](https://uhsp.edu/netpartner).

Alternatively, you may send your documentation to:

University of Health Sciences and Pharmacy Attn: Financial Aid  
1 Pharmacy Place  
St. Louis, MO 63110-1088

If you have any questions, please contact the Financial Aid Office at 314-446-8167.

Please allow 2 – 4 weeks for review and notification.



<input type="checkbox"/>	<p style="text-align: center;"><b>Divorce or Separation</b></p>	<p>-Copy of divorce decree or separation agreement. (If you do not have a separation agreement, attach a notarized statement indicating separation and effective dates.)</p> <p>-Income/Asset Settlements</p> <p>-List of current household members, relationship to student, and their age</p>
<input type="checkbox"/>	<p style="text-align: center;"><b>One-Time Income</b> <i>Reductions in overtime pay or one-time winnings are not considered</i></p>	<p>-Give source and amount of income and include an explanation of why these funds are not available for educational purposes</p>
<input type="checkbox"/>	<p style="text-align: center;"><b>Loss of Benefits</b> <i>(Child support, social security, unemployment)</i></p>	<p>Child Support:</p> <p style="padding-left: 40px;">-Attach a copy of Court or Child Service Agency documents stating benefit ending date and monthly amount received</p> <p>Social Security:</p> <p style="padding-left: 40px;">-Attach a copy of notification of loss of social security income stating benefit ending date and monthly amount received</p> <p>Unemployment Benefits:</p> <p style="padding-left: 40px;">-Attach a copy of notification of loss of unemployment income stating benefit ending date and monthly amount received</p>
<input type="checkbox"/>	<p style="text-align: center;"><b>Healthcare Expenses</b></p> <p><i>The following condition is only considered if the expense exceeds 15% of the family's adjusted gross income. Medical costs may be allowed if required treatment, rather than elective care and documented by a physician</i></p>	<p>-Attach a copy of your and/or your parents' Schedule A of the 2021 Federal Income Tax Return or copies of PAID receipts or canceled checks incurred through 2021</p> <p>-Attach a letter of explanation of healthcare expenses incurred</p>
<input type="checkbox"/>	<p style="text-align: center;"><b>Other</b></p>	<p>See the Financial Aid Office to discuss necessary documentation for your special circumstance</p>



**SECTION C: Sign This Worksheet**

I certify the information provided on this form and all supporting documents to be true and complete to the best of my knowledge. If my circumstances changed in 2021, I understand I am obligated to provide the Financial Aid Office with additional information which may alter the original decision.

**WARNING: If you purposely give false or misleading information to secure Federal Title IV funding, you may be fined, sentenced to jail, or both.**

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent (Dependent Students Only)**

\_\_\_\_\_  
**Date**