EMILY GRIFFITH
TECHNICAL COLLEGE

Financial Aid Office
1860 Lincoln Street
6th Floor
Denver, CO 80203
Phone: 720-423-4700
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EmilyGriffith.edu

2025-2026 Professional Judgment Request

Student Name (Print): _____   Student ID#: _____

Email: _____   Phone Number: _____

2025-2026 financial aid eligibility is based upon the information you provided on the 2025-2026 Free Application for Federal Student Aid (FAFSA). You may request a professional judgment when you, your spouse, or your parent(s) if dependent, experience a change in income in 2025. Each request will be reviewed on a case-by-case basis. Approval or denial of the request will be determined by a Financial Aid Administrator and is final. Approval of this request does not guarantee that you will receive any additional financial aid. Students will be notified via email when a decision is made. This notification may be in the form of an offer letter and/or corrected Student Aid Report.

This request must include:

Written statement explaining the reasons for a professional judgment. For example:
- Who in the household has experienced a change in income from work?
- Who in the household paid child support?
- Projection of income from January 1, 2025 through December 31, 2025 for all individuals whose information is on the FAFSA.

Required documentation **if applicable**:
- Name of employers, date affected, letter(s) of termination, copy of final pay stub.
- Documentation of any other income, such as unemployment benefits, retirement benefits, severance pay, etc.
- Letter from Social Security Administration.
- Court order for child support paid.

By signing this form, I certify that all the information reported on this form is complete, true, and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code. I affirm that I have read, understand, and agree to this form in its entirety.

_____   _____
Student Signature   **Date**

_____   _____
Parent Signature (If Dependent Student)   **Date**

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For Financial Aid Office Use Only: ☐ **Approved**   ☐ **Denied**

First Reviewer: _____   Date _____

Second Reviewer: _____   Date _____