



**DILLARD**  
UNIVERSITY

**OFFICE OF FINANCIAL AID & SCHOLARSHIPS**

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**2024-2025 PROFESSIONAL JUDGMENT (PJ) FORM**

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

The purpose of this form is to allow the student and parent(s) to submit additional information resulting from one or more of the following scenarios below. All valid requests **must** complete this form and submit it with the additional required documents. Include the student's Dillard ID number on ALL correspondence. If the student is a dependent, both the student and at least one parent must sign this form. Please check all categories shown below that are applicable.

**\*\*INCOMPLETE PROFESSIONAL JUDGMENT REQUESTS WILL NOT BE CONSIDERED\*\***

SITUATION:	DOCUMENTATION REQUIRED:
1. Child Care	<ul style="list-style-type: none"> <li>• Copy of invoice and/or letter from the provider, stating amount paid per child per week/month.</li> </ul>
2. Decrease in Income/Loss of Income -- injury, full- time to part-time employment, left job to return to school, loss of benefits, layoff, termination, quit job  <p style="text-align: center;"><b>FILE a PJ request AFTER JUNE 1<sup>st</sup></b></p> <p><input type="checkbox"/> <b>2023 Income Change:</b> If your PJ Request is because your 2023 income will be less than 2022, <b>fill in the reverse side of this form.</b> Income loss must be substantial to make a difference in the Student Aid Index (SAI) that the federal government has determined on the FAFSA filed for the 2024-2025 award year.</p> <p><input type="checkbox"/> <b>2024 Income Change:</b> If your PJ Request is because your 2024 income will be less than 2022, <b>fill in the reverse side of this form.</b> Income loss must be substantial to make a difference in the Student Aid Index (SAI) that the federal government has determined on the FAFSA filed for the 2024-2025 award year.</p> <p><input type="checkbox"/> <b>This request is COVID-19 related.</b></p>	<ul style="list-style-type: none"> <li>• Letter from employer citing change in work status or permanent separation date. Submit <b>eight weeks</b> after last date of employment.</li> <li>• Copy of Last Pay Stub</li> <li>• Copy of MOST RECENT PAY CHECK STUBS (Student &amp; Parents)</li> <li>• Statement of benefits (i.e. Social Security has terminated for student reaching age 18). List benefits for all other members of the household.</li> <li>• Copy of unemployment benefits stating the amount and number of weeks or statement of ineligibility for such benefits.</li> <li>• Letter from parent listing child support termination date, and copy of supporting document(s). Include amounts if there are other children still receiving support payments.</li> <li>• If the student is a dependent, filing for aid with both parents, we need income information for both, even if income for one parent has not changed.</li> <li>• All Verification Documents: 2024-25 Verification Worksheet, Non-Traditional Household (if applicable), copy of <b>2022, 2023</b> IRS Tax Return Transcript, Schedules, <b>2022 &amp; 2023</b> W-2 Forms, etc. and all pertinent income verification. Year 2022: All income received and will receive during year 2023.</li> </ul>
3. Elementary/Secondary Tuition (for applicable year)	<ul style="list-style-type: none"> <li>• Copy of the paid invoice from the school. List only amounts paid in year 2022 or 2023, not including the entering Dillard student, if applicable.</li> </ul>
4. Medical Expenses Submit <b>ONLY</b> medical expenses not covered by insurance for which <u>payments were already paid out-of-pocket</u> . <b>We will not consider any medical expenses which have not yet been paid.</b> Expenses incurred and paid in a previous calendar year are not eligible for PJ consideration. If you are filing <b>both</b> a loss/decrease of income AND a medical PJ Request, the medical expense documentation must be for the year in which the family is requesting the change/payments were made ( <b>2022, 2023 or 2024</b> ). The medical expense must be out of pocket expenses in which you did not receive a tax credit on your tax return.  For the <b>2023 or 2024 projected year</b> medical expenses, submit documents for all <b>PAID</b> bills. We will only use amounts above 10% of your AGI or 7.5% for parents over age 65, since you may be able to claim up to that amount on your taxes. <b>FILE PJ Request AFTER JUNE 1st.</b>	<ul style="list-style-type: none"> <li>• Copy of 2022 or 2023 IRS Tax Return Transcript (including all schedules).</li> </ul> <p><b>Include the following if medical expenses were NOT claimed on your Federal Taxes.</b></p> <ul style="list-style-type: none"> <li>• Copies of bills, AND cancelled checks or credit card statement reflecting these payments.</li> <li>• Copies of explanation of benefits from the insurance company, showing payments made toward the amount due.</li> <li>• Itemized list of monthly payments, AND cancelled checks or credit card statements reflecting the payments.</li> </ul>
5. Parent(s) attending college: Parent(s) attending college must be enrolled at least half-time during the 2024-2025 academic year and working toward a degree.	<ul style="list-style-type: none"> <li>• Verification of enrollment from the Registrar's Office of the University or College that the parent(s) attends.</li> </ul>
6. Retirement	<ul style="list-style-type: none"> <li>• Letter of separation from employer and copy of retirement benefits statement.</li> <li>• Copy of last pay stub showing earnings prior to retirement</li> <li>• If student is dependent, filing for aid with both parents, we need income information for both parents, even if income for one parent has not changed.</li> </ul>

**The counseling staff reserves the right to request additional documentation.**

**Be sure you have completed and submitted the following along with your PJ Request:**

- A **Verification Worksheet** (include 2022 IRS Tax Return Transcript with Schedules and W-2(s) for yourself, and your spouse or parent(s).
- A **detailed letter** explaining how your family’s situation or expenses have changed which meets one of the specified criteria from the list on the front of this page.
- Please give specific dollar amounts of reduced income which match the documentation you provide--amount in child care expenses, amount in medical expenses, etc.
- Provide proper documentation of your PJ Request. **See the chart on the front page for specifics.**

**SUBMIT ALL INCOME RECEIVED FOR THE REQUEST APPLICABLE YEAR (2022, 2023 AND/OR 2024)**

The requested information will be used to evaluate changes in your family situation and determine if allowable adjustments can be made in order to present a more realistic picture of the family’s ability to contribute to the cost of education. Adjustments of financial aid awards are subject to the availability of funds.

**Projected Year Income and Asset Information (Estimated 2023 OR 2024 amounts from January—December calendar year).  
DOLLAR AMOUNTS MUST MATCH SUPPORTING DOCUMENTATION.**

<b>I. Taxable Income</b>	<b>Student</b> ( <input type="checkbox"/> 2023 OR <input type="checkbox"/> 2024)	<b>Parent</b> ( <input type="checkbox"/> 2023 OR <input type="checkbox"/> 2024)
Salary, Wages and Tips	Student _____ Spouse_ _____	Parent 1 _____ Parent 2 _____
Interest and/or dividend income	Student _____ Spouse _____	Parent 1 _____ Parent 2 _____
Net income (loss) from business, farm, rent, royalties, partnerships, estates, trusts, etc.	_____	_____
Other taxable income such as alimony received, capital gains (or losses), pensions, annuities, unemployment benefits, etc.	_____	_____
<b>II. Estimated Deductions</b>		
U. S. Income Tax Paid (estimated)	_____	_____
Child Support Paid	_____	_____
**Medical Expenses not covered by insurance	_____	_____
<b>III. Non-Taxable Income and Benefits</b>		
**Social Security Benefits	_____	_____
**Aid to Families with dependent children	_____	_____
**Child Support <b>Received</b>	_____	_____
**Other non-taxable income (housing/food/living allowances paid to military or clergy, child support received, worker’s compensation, etc.)	_____	_____
<b>IV. Other</b>		
Household Size	_____	_____
Number in College	_____	_____

***We (I) affirm that the information on both sides of this form is correct and complete to the best of our (my) knowledge.  
 We (I) certify that the Office of Financial Aid & Scholarships will be notified if circumstances change.***

_____	_____	_____	_____
Student’s Signature	Date	Parent 1 Signature	Date
_____	_____	_____	_____
Spouse’s Signature	Date	Parent 2 Signature	Date

**\*\*Requires Documentation**