



**2009-2010**  
**PROFESSIONAL JUDGEMENT REQUEST-PARENT**

**Student:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

**Parent:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Please check the appropriate circumstances for your request. Supporting documentation is required for all circumstances.

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|--|--|
| <input type="checkbox"/> Death                   | <input type="checkbox"/> Loss of Employment                      |
| <input type="checkbox"/> Loss of Income          | <input type="checkbox"/> Disability of student, spouse or parent |
| <input type="checkbox"/> Medical/Dental Expenses | <input type="checkbox"/> Other _____                             |
| <input type="checkbox"/> Divorce/Separation      |  |

**DOCUMENTATION REQUIRED!**

You must provide third party documents to substantiate your request, for example a death certificate, divorce or separation document, employment termination letter, last pay stub reflecting year to date earnings, verification of unemployment compensation, disability claim, physician statement, etc. Please include a copy of your 2008 signed Federal Income Tax Return or spouse's 2008 signed Federal Income Tax Return.

Please provide a detailed written explanation for your request and circumstances in the space provided.

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**2009 ESTIMATED YEAR INFORMATION**

<b>Instructions: Please report actual income received through today and estimate your projected income through 12/31/09. Do not use cents; round to the whole dollar amount.</b>	<b>ACTUAL 1/1/09 - TODAY</b>	<b>ESTIMATED TODAY - 12/31/09</b>
Wages, salaries, tips (including severance pay, disability payments and other income from work).	\$	\$
Spouse's wages, salaries, tips (including severance pay, disability payments and other income from work).	\$	\$
Unemployment Compensation Received	\$	\$
Other Taxable Income	\$	\$
Other Untaxable Income & Benefits	\$	\$

By signing this form I declare that all information on this form is true and correct and all sources of income have been reported to the best of my knowledge. I understand that I will be responsible for returning all student financial aid monies received due to inaccurate, false, or misleading information being provided on this form and/or any other documents submitted to the Financial Aid Office. In addition, I understand that the Embry-Riddle Aeronautical University reserves the right to assume standard levels of income in certain situations.

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**Parent Signature**


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**Date**