

PROFESSIONAL JUDGEMENT 2024-25

Student Financial Services | Montserrat College of Art
23 Essex Street Beverly, MA 01915
sfs@montserrat.edu 978.921.4242 x1174 Fax: 978-922-4268

Thank you for your request for the 2024-2025 academic year. By completing this form, you are indicating that there has been a substantial change in your family's financial situation and you would like the Office of Financial Aid to take this updated information into consideration when reviewing your eligibility for financial aid. Please email, fax or mail completed form and supporting documents to the Financial Aid Office.

Student Name	_____
Student ID# (leave blank if applicant)	_____
Date of Birth	_____
Address	_____
City, State, Zip	_____
Phone Number	_____
Email	_____

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Please provide a written statement detailing the reason for your special circumstance - Please check the box that **BEST** describes the change in your situation. Please note we may ask for additional documents based upon your circumstances.

- Lay Off** - Provide **ALL** of the following:
 - Letter from employer indicating effective date and any severance benefits
 - Statement from Unemployment Office outlining benefits
 - Final pay stub from laid off position for parent
 - Most recent pay stubs of all other current positions

- Wage Reduction** - Provide **ALL** of the following:
 - Letter from employer indicating effective date with prior and current hours per week
 - Most recent pay stub for parent(s)

- Parent Retirement** - Provide **ALL** of the following:
 - Letter from employer documenting retirement date and benefits received
 - Final pay stub for retiree
 - Most recent pay stub for parent still working and student (if applicable)

- Parental Separation or Divorce** - Provide **ALL** of the following:
 - Copy of Legal documentation indicating effective date of separation or divorce decree
 - Documentation of current addresses for BOTH parents

- Parent recently deceased** Provide the following:
 - Death certificate or obituary from newspaper
 - Statement of ALL benefits received as a result of death

- Medical Expenses incurred in 2020 NOT covered by insurance** Provide **ALL** of the following:
 - Receipts showing charges paid in 2022
 - Copy of Schedule A from your 2020 federal tax return

Student Signature:

_____ Date _____

Parent Signature (if applicable):

_____ Date: _____