



*Siena Heights University*

## Request for Financial Aid Reconsideration-Professional Judgment 2024-2025 Academic Year Office of Financial Aid

**Student Name** \_\_\_\_\_ **ID Number** \_\_\_\_\_

You have notified this office that you and/or your parents have special circumstances that have resulted in a reduction of resources for the 2024-2025 academic year. We ask that you carefully complete this form so that we can accurately assess your current situation.

**Reminder:** By submitting this paperwork, there is the possibility that the student may have their current financial aid increased, decreased or it may remain the same. A Professional Judgment is completed to accurately reflect a student and/or family’s current financial situation. Please allow up to three weeks for our review process. Students will be notified by Siena Heights University email of our decision. **Requests for Fall must be completed by September 30 and by January 30 for the Winter term.**

**Part A: Please check the appropriate sections below and attach all required documentation.**

Check	Circumstance	Required Documentation
<input type="checkbox"/>	<b>Reduction in Income or Loss of Employment</b>	<ul style="list-style-type: none"> <li>• Explanation of Loss in Part B</li> <li>• Reduction in Income:               <ul style="list-style-type: none"> <li>○ Copy of appropriate tax documentation and an English translation</li> </ul> </li> <li>• Loss of Employment               <ul style="list-style-type: none"> <li>○ Copy of last pay stub from employer</li> <li>○ Termination notice (from within last 12 weeks)</li> <li>○ Severance statement and/or Unemployment Benefits statement (if applicable)</li> </ul> </li> </ul>
<input type="checkbox"/>	<b>Divorce or Separation</b>	<ul style="list-style-type: none"> <li>• Explanation in Part B</li> <li>• Date of Divorce/Separation, Support Agreement, Etc.</li> <li>• Copy of Divorce Decree</li> </ul>
<input type="checkbox"/>	<b>Medical Expenses</b>	<ul style="list-style-type: none"> <li>• Explanation of expenses not covered by insurance in part B.</li> <li>• Documentation of Medical Expenses (bills, statements, etc.)</li> </ul>
<input type="checkbox"/>	<b>Death of a Parent</b>	<ul style="list-style-type: none"> <li>• Complete Part B               <ul style="list-style-type: none"> <li>○ List date of death, estate debts, funeral expenses</li> <li>○ Attach all related documentation.</li> </ul> </li> </ul>
<input type="checkbox"/>	<b>Other</b>	<ul style="list-style-type: none"> <li>• Explain circumstances and financial impact in Part B</li> <li>• Attach relevant documentation.</li> </ul>

**Part B: In the section below, describe your circumstance and your reason(s) for submitting this appeal.**

*(If additional space is needed, please attached in a separate document)*

**Part C: Certifications and Signatures**

I understand that if I knowingly make a false statement or misrepresentation, further financial assistance may be denied, and repayment of current assistance may be required. I certify that all information given with this request is true and complete to the best of my knowledge. If asked, I agree to provide any documentation requested by the Office of Financial Aid to prove the accuracy of this information. I understand that submission of this request does not excuse or extend any upcoming payment deadlines and does not guarantee an increase to my financial aid award offer.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Please submit all documents to the following:**

**Email: [studentfinancials@sienaheights.edu](mailto:studentfinancials@sienaheights.edu)**

**Mail:**

**Siena Heights University  
Student Financial Services – Financial  
1247 E. Siena Heights Dr.  
Adrian, MI 49221**