CLEARWATER
Christian College

2009-2010 Request for Professional Judgment

Student Information

Name_____ Social Security # _____

Address_____ Phone Number ( )_____

City_____ State_____ Zip _____

E-mail Address _____

Check All That Apply

Submit all documents required for your special circumstances as listed.

NOTE: If you are a dependent student, provide documentation for both yourself and your parent(s). If you are married, provide documentation for both yourself and your spouse.

_____ A. Decrease in income between 2008-2009 (e.g. termination, lay off) of

[ ] Student [ ] Spouse [ ] Mother/Step-mother [ ] Father/Step-father

Required Documentation: Length of unemployment and/or amount of lost wages, Letter from employer (if applicable) of downsizing or lay off.

_____ B. Extraordinary medical expenses paid by (check box that applies)

[ ] Student [ ] Spouse [ ] Mother/Step-mother [ ] Father/Step-father

Required Documentation: List the amount and **attach receipts**.

_____ C. Private School Tuition 2008

Required Documentation: Receipt from school(s) indicating amount paid.

_____ D. Other

Required Documentation: You must provide documentation or an explanation of the circumstance in detail.

Please return this completed application to:

Clearwater Christian College, Financial Aid Office,

3400 Gulf-to-Bay Blvd Clearwater, FL 33759

FAX: (727) 791-1347