DEPENDENT

REQUEST FOR PROFESSIONAL JUDGEMENT

2020-2021

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENT ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all that apply and attach documentation to support the situation.

\_\_\_\_\_\_ Student’s family paid tuition for elementary/secondary school in 2018

 Total tuition paid for elementary/secondary school 2018 $\_\_\_\_\_\_\_\_\_

 Name of elementary/secondary school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Student’s family had unusually high medical/dental expenses that were

 not covered by insurance in 2018

 Total medical/dental expenses not covered by insurance 2018 $\_\_\_\_\_

 NOTE: THIS AMOUNT SHOULD REFLECT THE ACTUAL

 EXPENSES PAID DURING 2018 AND SHOULD NOT

 INCLUDE UNPAID DEBT INCURRED OR EXPENSES THAT

 ARE PAID BY INSURANCE.

\_\_\_\_\_\_ Student’s Parent Income is expected to be considerably less for 2020 than

 shown on 2018 Federal Income Tax Return.

 Total number of weeks since change in income occurred \_\_\_\_\_\_\_\_\_\_

 (HAS TO BE AT LEAST 10 WEEKS)

\_\_\_\_\_\_ Student’s Income is expected to be considerably less for 2020 than

 shown on 2018 Federal Income Tax Return

 Total number of weeks since change in income occurred \_\_\_\_\_\_\_\_\_\_

 (HAS TO BE AT LEAST 10 WEEKS)

Total Expected 2020 Income – Student Total Expected 2020 Income – Parents

Income Earned from Work $\_\_\_\_\_\_ Income Earned from Work $\_\_\_\_\_\_\_

 (Father)

 Income Earned from Work $\_\_\_\_\_\_\_

 (Mother)

Please Specify which applies Please Specify which applies

Untaxable Income – Soc. Sec.

Child Support, Work.Comp.$\_\_\_\_\_\_ Untaxable Income – Soc.Sec.,Child Support,

Workers Comp. $\_\_\_\_\_\_\_

Unemployment Income $\_\_\_\_\_\_ Unemployment Income $\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

If you and/or your family have other unusual financial circumstances not listed on this form, please briefly describe below:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

By my signature, I am certifying that the information I have provided on this worksheet is true and correct according to my best information and belief. I understand that I may be asked to provide documentation of this information upon request of the Financial Aid Office at Mineral Area College.

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Financial Aid Office Use Only

FA Office Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ Approved \_\_\_\_\_\_ Denied