INDEPENDENT

REQUEST FOR PROFESSIONAL JUDGEMENT

2020-2021

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

Check all that apply and provide supporting document for the situation:

\_\_\_\_\_\_ Student/Spouse paid tuition for elementary/secondary school in 2018

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

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

\_\_\_\_\_\_ Student/Spouse 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 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)

\_\_\_\_\_\_ Spouse’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/Spouse

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

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

Please specify which applies

Untaxable Income – Soc. Sec., Child Support,

Workers Compensation, Disability $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

If you and/or your spouse 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Financial Aid Office Use Only

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

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