

**INDEPENDENT
REQUEST FOR PROFESSIONAL JUDGEMENT
2018-2019**

STUDENT NAME: _____ **STUDENT ID:** _____

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

_____ Student/Spouse paid tuition for elementary/secondary school in 2016
Total tuition paid for elementary/secondary school 2016 \$ _____
Name of elementary/secondary school _____

_____ Student/Spouse had unusually high medical/dental expenses that were
not covered by insurance in 2016
Total medical/dental expenses not covered by insurance 2016 \$ _____

**NOTE: THIS AMOUNT SHOULD REFLECT THE ACTUAL
EXPENSES PAID DURING 2016 AND SHOULD NOT
INCLUDE UNPAID DEBT INCURRED OR EXPENSES THAT
ARE PAID BY INSURANCE.**

_____ **Student's** Income is expected to be considerably less for 2018 than
shown on 2016 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 2018 than
shown on 2016 Federal Income Tax Return
Total number of weeks since change in income occurred _____
(HAS TO BE AT LEAST 10 WEEKS)



MINERAL AREA COLLEGE

Total Expected 2018 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** _____

Financial Aid Office Use Only

FA Office Staff Signature _____ **Date** _____

_____ **Approved** _____ **Denied**