

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

**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 2016  
Total tuition paid for elementary/secondary school 2016 \$ \_\_\_\_\_  
Name of elementary/secondary school \_\_\_\_\_

\_\_\_\_\_ Student's family 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** Parent 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)**

\_\_\_\_\_ 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)**



# MINERAL AREA COLLEGE

**Total Expected 2018 Income – Student**

**Total Expected 2018 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** \_\_\_\_\_

\*\*\*\*\*

**Financial Aid Office Use Only**

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

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