DEPENDENT
REQUEST FOR PROFESSIONAL JUDGEMENT
2019-2020

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 2017
      Total tuition paid for elementary/secondary school 2017 $_________
      Name of elementary/secondary school ___________________________

_____ Student’s family had unusually high medical/dental expenses that were not covered by insurance in 2017
      Total medical/dental expenses not covered by insurance 2017 $____

NOTE: THIS AMOUNT SHOULD REFLECT THE ACTUAL EXPENSES PAID DURING 2017 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 2019 than shown on 2017 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 2019 than shown on 2017 Federal Income Tax Return
      Total number of weeks since change in income occurred __________
      (HAS TO BE AT LEAST 10 WEEKS)
Total Expected 2019 Income – Student

Income Earned from Work $______

Please Specify which applies

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

Unemployment Income $____

Total Expected 2019 Income – Parents

Income Earned from Work $_______

(Father)

Income Earned from Work $_______

(Mother)

Please Specify which applies

Untaxable Income – Soc. Sec., Child Support, Workers Comp. $_______

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