

**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)



MINERAL AREA COLLEGE

Total Expected 2019 Income – Student

Total Expected 2019 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