DEPENDENT
REQUEST FOR PROFESSIONAL JUDGEMENT
2021-2022

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 2019
    Total tuition paid for elementary/secondary school 2019 $________
    Name of elementary/secondary school _________________________

_____ Student’s family had unusually high medical/dental expenses that were
    not covered by insurance in 2019
    Total medical/dental expenses not covered by insurance 2019 $_____

NOTE: THIS AMOUNT SHOULD REFLECT THE ACTUAL
EXPENSES PAID DURING 2019 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 2021 than
    shown on 2019 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 2021 than
    shown on 2019 Federal Income Tax Return
    Total number of weeks since change in income occurred __________
    (HAS TO BE AT LEAST 10 WEEKS)
Total Expected 2021 Income – Student  
Income Earned from Work $______

Total Expected 2021 Income – Parents
Income Earned from Work $______
(Father)
Income Earned from Work $______
(Mother)

Please Specify which applies

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

Please Specify which applies

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:

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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 _________________

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Financial Aid Office Use Only

FA Office Staff Signature _____________________ Date _________________

______ Approved  ______ Denied