DEPENDENT
REQUEST FOR PROFESSIONAL JUDGEMENT
2022-2023

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 2020
    Total tuition paid for elementary/secondary school 2020 $_________
    Name of elementary/secondary school __________________________

______ Student’s family had unusually high medical/dental expenses that were not covered by insurance in 2020
    Total medical/dental expenses not covered by insurance 2020 $____

NOTE: THIS AMOUNT SHOULD REFLECT THE ACTUAL EXPENSES PAID DURING 2020 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 2022 than shown on 2020 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 2022 than shown on 2020 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 $______

Income Earned from Work $______
(Father)
Income Earned from Work $______
(Mother)

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