

## INDEPENDENT REQUEST FOR PROFESSIONAL JUDGEMENT 2023-2024

STUD	ENT NAME:	STUDENT ID:
Check	all that apply and pro	ovide supporting document for the situation:
	Total tuition paid	tuition for elementary/secondary school in 2021 I for elementary/secondary school 2021 \$ tary/secondary school
	not covered by insura	nusually high medical/dental expenses that were ance in 2021 ntal expenses not covered by insurance 2021 \$
	NOTE: THIS A EXPENSES PA	MOUNT SHOULD REFLECT THE ACTUAL ID DURING 2021 AND SHOULD NOT PAID DEBT INCURRED OR EXPENSES THAT
	-	expected to be considerably less for 2023 than ral Income Tax Return.

Total number of weeks since change in income occurred \_\_\_\_\_\_ (HAS TO BE AT LEAST 10 WEEKS)

Spouse's Income is expected to be considerably less for 2023 than shown on 2021 Federal Income Tax Return Total number of weeks since change in income occurred \_\_\_\_\_\_ (HAS TO BE AT LEAST 10 WEEKS)



## Total Expected 2023 Income – Student/Spouse

Student Income Earned from Work	\$	
Spouse Income Earned from Work	\$	
<b>Please specify which applies</b> Untaxable Income – Soc. Sec., Child Support, Workers Compensation, Disability	\$	
Unemployment Income ************************************	\$ ********	 **********

If you and/or your spouse 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
*****	******	******
Fina	ancial Aid Offi	ce Use Only
FA Office Staff Signature _		Date
Approved	Denied	