



DEPENDENT
REQUEST FOR PROFESSIONAL JUDGEMENT
2024-2025

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 2022
Total tuition paid for elementary/secondary school 2022 \$
Name of elementary/secondary school

Student's family had unusually high medical/dental expenses that were
not covered by insurance in 2021
Total medical/dental expenses not covered by insurance 2022 \$

NOTE: THIS AMOUNT SHOULD REFLECT THE ACTUAL
EXPENSES PAID DURING 2022 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 2024 than
shown on 2022 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 2024 than
shown on 2022 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 2024 Income – Student**

**Total Expected 2024 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.

Untaxable Income – Soc. Sec., Child

Child Support, Work Comp \$\_\_\_\_\_

Support, Work 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