



INDEPENDENT
REQUEST FOR PROFESSIONAL JUDGEMENT
2024-2025

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

Check all that apply and provide supporting document for the situation:

\_\_\_\_\_ Student/Spouse paid tuition for elementary/secondary school in 2022
Total tuition paid for elementary/secondary school 2022 \$\_\_\_\_\_
Name of elementary/secondary school \_\_\_\_\_

\_\_\_\_\_ Student/Spouse had unusually high medical/dental expenses that were
not covered by insurance in 2022
Total medical/dental expenses not covered by insurance 2022 \$\_\_\_\_\_

NOTE: THIS AMOUNT SHOULD REFLECT THE ACTUAL
EXPENSES PAID DURING 2021 AND SHOULD NOT
INCLUDE UNPAID DEBT INCURRED OR EXPENSES THAT
ARE PAID BY INSURANCE.

\_\_\_\_\_ 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)

\_\_\_\_\_ Spouse'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/Spouse

Student Income Earned from Work \$ \_\_\_\_\_

Spouse Income Earned from Work \$ \_\_\_\_\_

### Please specify which applies

Untaxable Income – Soc. Sec., Child Support,  
Workers Compensation, Disability \$ \_\_\_\_\_

Unemployment Income \$ \_\_\_\_\_

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If you and/or your spouse 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 \_\_\_\_\_

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### Financial Aid Office Use Only

FA Office Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Denied