



DEPENDENT
REQUEST FOR PROFESSIONAL JUDGEMENT
2017-2018

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 2015
Total tuition paid for elementary/secondary school 2015 \$
Name of elementary/secondary school

Student's family had unusually high medical/dental expenses that were
not covered by insurance in 2015
Total medical/dental expenses not covered by insurance 2015 \$

NOTE: THIS AMOUNT SHOULD REFLECT THE ACTUAL
EXPENSES PAID DURING 2015 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 2017 than
shown on 2015 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 2017 than
shown on 2015 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 2017 Income – Student

Total Expected 2017 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.

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