



INDEPENDENT
REQUEST FOR PROFESSIONAL JUDGEMENT
2025-2026

STUDENT NAME: STUDENT ID:

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

Student/Spouse paid tuition for elementary/secondary school in 2023
Total tuition paid for elementary/secondary school 2023 \$
Name of elementary/secondary school

Student/Spouse had unusually high medical/dental expenses that were
not covered by insurance in 2023
Total medical/dental expenses not covered by insurance 2023 \$

NOTE: THIS AMOUNT SHOULD REFLECT THE ACTUAL
EXPENSES PAID DURING 2023 AND SHOULD NOT
INCLUDE UNPAID DEBT INCURRED OR EXPENSES THAT
ARE PAID BY INSURANCE.

Student's Income is expected to be considerably less for 2025 than
shown on 2023 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 2025 than
shown on 2023 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 2025 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