

Other Unusual Circumstances: *Provide appropriate verification documents*

1. _____ Dislocated Worker
2. _____ Tuition paid for Elementary, Middle, or High School in 2008 for Dependents
3. _____ Excessive Medical/Dental Expenses (not covered by insurance)
4. _____ Other

Provide Parent's Expected Income for 2009:

2009 Income	PARENT	STUDENT
Mother	_____	_____
Father	_____	_____
Unemployment Benefits	_____	_____
Any Taxable Income (interest, dividends, rents, ...)	_____	_____
Estimated Total Income	\$ _____	\$ _____
Estimated Untaxed Income:		
Child Support	_____	_____
Worker's Compensation	_____	_____
Other Untaxed Income/ Benefits (untaxed pensions, etc.)	_____	_____
Total Untaxed Income/Benefits	\$ _____	\$ _____

CERTIFICATION:

All of the information on this form is true and correct to the best of my/our knowledge. If asked by an authorized official, I/we agree to provide additional proof of the information that given. I/We understand that this proof may include a copy of my/our IRS 1040 income tax return and further understand that if I/we do not give proof when asked, processing of the application will cease.

Student's Signature/Date

Father's Signature/Mother's Signature /Date

