



**Other Unusual Circumstances:** *Provide appropriate verification documents*

1. \_\_\_\_\_ Dislocated Worker
2. \_\_\_\_\_ Tuition paid for Elementary, Middle, or High School in 2007 for Dependents
3. \_\_\_\_\_ Excessive Medical/Dental Expenses (not covered by insurance)
4. \_\_\_\_\_ Other

Provide Parent's Expected Income for 2008.

Father's/Step-father's Income \_\_\_\_\_

Mother's/Step-mother's Income \_\_\_\_\_

Unemployment Benefits \_\_\_\_\_

Any Taxable Income  
(interest, dividends, rents, ...) \_\_\_\_\_

**Parent's Estimated Total Income** \_\_\_\_\_

Parent's Estimated 2008  
Social Security Benefits \_\_\_\_\_

Parent's Estimated Welfare Benefits  
(AFDC, ADC, TANF, ...) \_\_\_\_\_

Parent's Other Untaxed income/ Benefits  
(child support, worker's compensation, ...) \_\_\_\_\_

**Parent's Estimated 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

Equal opportunity shall be afforded within the Texas State Technical College System to all employees and applicants for admission or employment regardless of race, color, gender, religion, national origin, age or disability. TSTC will make reasonable accommodations for persons with disabilities.

01/08

