

2023-2024 Special Circumstances: Medical Expenses/Loss of Income

MLC Student's Name

According to federal laws and regulations, a family's 2021 income must be used on the FAFSA to assess

							2023 income is lower,	
	•			•	•	-	nformation to evaluate	
Tinanc	ai need	i. Piease		t of pocket me		•	rify the loss of income or	
			Ou	t of pocket me	dicai expens	ses.		
Studer	nt/Payn	nent Inf	ormation					
Please	Qualifying Special Circumstances in 2022 or 2023							
Check	 Typically Requested Documentation 							
	Medic	al/Dent	al Expenses				As a guideline to whether it	
	0	TAXES	e a signed copy of y along with Schedul -or-	e A from your ta	ıx return.		pays to provide information, for a family of four it takes at least \$5000 in medical expenses paid to provide	
	0		repared your own w what document An example of rec	ation will be req	juired in lieu d	of taxes.	eligibility for additional financial aid.	
			statement itemizi expenses you paid doctor, hospital, r (not reimbursed b	for health/dennedication expe	tal insurance nses	premiums,	Mark Bauer Director of Financial Aid bauermd@mlc-wels.edu 507.233.9152	
	Reduc	ed or Lo	oss of Income					
	approximate start date, and expected duration of the loss of income. Please include any details that will help us understand how your financial situation has changed. O Since every situation is different, the Director of Financial Aid will		No additional documentation needs to be included at this time. During your consultation with the Director of Financial					
			Aid, you will be notified what forms to submit to our office.					
			ed. Please provide t	•				
			Parent's Phone Number					
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2023-2024 Special Circumstances: Loss of Income/Medical Expenses (page 2)

2023-2024 Special Circum	stances. Loss of income/ivieuical expenses (pag	C 2)					
Please help us better understand your	special circumstances by providing an additional explana	ation below:					
By signing this worksheet, I certify that all the information reported on it is complete and correct. I understand that completing this form does not guarantee my student's financial aid will be increased.							
Parent's Name	Signature of Parent	Date					
		<u> </u>					