

2025-2026 Special Circumstances: Loss of Income/Medical Expenses

MLC Student's Name

finar due financ	ncial neo to spec ial neec	o federal laws and regulations, a family's 2023 income must be used ed for the 2025-2026 academic year. If a family's 2024 or projected cial circumstances, we may be able to use 2024 or projected 2025 in d. Please note that additional documentation will be required to ve out of pocket medical expenses.	d 2025 income is lower, information to evaluate
Please		ment Information fying Special Circumstances in 2024 or 2025	
Check	o	Typically Requested Documentation	
	Medic	Provide a signed copy of your 2024 PROFESSIONALLY PREPARED TAXES along with Schedule A from your tax return. -or- If you prepared your own taxes, contact the Director of Financial Aid to review what documentation will be required in lieu of taxes. O An example of required documentation may include: a signed statement itemizing 2024 out-of-pocket medical or dental expenses you paid for health/dental insurance premiums, doctor, hospital, medication expenses (not reimbursed by insurance or by any pre-tax plan).	As a guideline to whether it pays to provide information, for a family of four it takes at least \$5000 in medical expenses paid to provide eligibility for additional financial aid. Annette Schultz Director of Financial Aid schultaf@mlc-wels.edu 507.233.9152
	Reduc	ced or Loss of Income	
	0	On the next page, provide a written statement explaining the cause, 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. Since every situation is different, the Director of Financial Aid will contact you in order to confirm what specific documentation is required. Please provide the best phone number to contact you: Parent's Phone Number	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.



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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		