

2024-25 Parent Expected Income & Special Conditions Form

Student Name:SS# or ID#:			_SS# or ID#:		
2024-2025 income to be u circumstance and provide	used to calculate eligibility for	certain types of aid. Please w of why your 2024-2025 in	on 2022 income. Certain conditions allow exected the box that best describes your spectocome will be lower than your 2022 income. ints, etc.).	ial	
\square Loss of employment	□Change of employment	$\square Loss$ of other income	$\square Divorce/Separation/Death of Parent$	\Box Other	
Please estimate your	2024-2025 expected gross	s income by month. (Use	e before-tax figures.) nH (2.2E-5.7(R.) (Td Q 04 624 654 25.52 4.2 9 e003	To 050d) 4 90 0)50(Td/	
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0.30 25					
04.2025					
05.2025					
02025					
TOTALS					
*Untaxed income may inclu	ude but is not limited to: child su	upport recei e d for all children	,TANFwelfare benefits,and ADCAFDC.		
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I certify that all of the ir	nformation reported above is a	accurate and complete			
1 corting that an or the fi.	aoimation reported above 15 a	courace and complete.			
Parent Signature			Date		

NOTE: Return this form to the Office of Financial Aid with:

A copy of your 2022 federal income tax return TRANSCRIPT
A copy of the student's 2022 federal income tax return TRANSCRIPT (if filed)
2024-25 Federal Verification Worksheet for Dependent Students
(download from www.marian.edu; Admissions; Financial Aid; How To Apply for Aid)