

Office of Financial Aid • 3200 Cold Spring Road • Indianapolis, IN 46222  
317.955.6040 or 800.834.5494 • Fax: 317.955.6424 • [finaid@marian.edu](mailto:finaid@marian.edu)

Student Name: \_\_\_\_\_ SS# or ID#: \_\_\_\_\_

Eligibility for need-based aid during the 2021-22 academic year is usually based on 2019 income. Certain conditions allow expected 2020 income to be used to calculate eligibility for certain types of aid. Please check the box that best describes your special circumstance and provide a detailed explanation below of why your 2020 income will be lower than your 2019 income. You may be required to submit supporting documentation (i.e., pay stubs, benefit statements, etc.).

Loss of employment     Change of employment     Loss of other income     Divorce/Separation/Death of Parent     Other

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Please estimate your **2021 expected gross income by month**. (Use before-tax figures.)

|               | FATHER |                       |                 | MOTHER |                       |                 |
|---------------|--------|-----------------------|-----------------|--------|-----------------------|-----------------|
|               | Income | Unemployment Received | Untaxed* Income | Income | Unemployment Received | Untaxed* Income |
| January       | _____  | _____                 | _____           | _____  | _____                 | _____           |
| February      | _____  | _____                 | _____           | _____  | _____                 | _____           |
| March         | _____  | _____                 | _____           | _____  | _____                 | _____           |
| April         | _____  | _____                 | _____           | _____  | _____                 | _____           |
| May           | _____  | _____                 | _____           | _____  | _____                 | _____           |
| June          | _____  | _____                 | _____           | _____  | _____                 | _____           |
| July          | _____  | _____                 | _____           | _____  | _____                 | _____           |
| August        | _____  | _____                 | _____           | _____  | _____                 | _____           |
| September     | _____  | _____                 | _____           | _____  | _____                 | _____           |
| October       | _____  | _____                 | _____           | _____  | _____                 | _____           |
| November      | _____  | _____                 | _____           | _____  | _____                 | _____           |
| December      | _____  | _____                 | _____           | _____  | _____                 | _____           |
| <b>TOTALS</b> | _____  | _____                 | _____           | _____  | _____                 | _____           |

\* Untaxed income may include but is not limited to: child support received for all children, TANF/welfare benefits, and ADC/AFDC.



I certify that all of the information reported above is accurate and complete.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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

- ❖ A copy of your 2019 federal income tax return **TRANSCRIPT**
- ❖ A copy of the student's 2019 federal income tax return **TRANSCRIPT (if filing)**
- ❖ **2021-22 Federal Verification Worksheet for Dependent Students**  
(download from [www.marian.edu](http://www.marian.edu); Admissions; Financial Aid; How To Apply for Aid)