MARIAN UNIVERSITY

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

2024-25 Student Expected Income & Special Conditions Form

Student Name:		SS# or ID#:					
expected 2024-25 income special circumstance and	to be used to calculate eligibili	ity for certain types of aid. n below of why your 2024 i	n 2022 income. Certain conditions allow Please check the box that best describes you ncome will be less than your 2022 income. ments, etc.).				
\Box Loss of employment	\Box Change in employment	\Box Loss of other income	\Box Divorce/Separation/Death of Spouse	\Box Other			

Please estimate your <u>2024-25</u> *expected* gross income by month. (Use before-tax figures)

	STUDENT			SPOUSE (if applicable)		
	Income	Unemployment Received	Untaxed* Income	Income	Unemployment Received	Untaxed* Income
July						
August						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTALS						

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

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

Student Signature

Date

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

- ✤ A copy of your 2021 federal income tax return TRANSCRIPT
- ✤ A copy of your spouse's 2021 federal income tax TRANSCRIPT (if filing separately)
- 2023-24 Federal Verification Worksheet (download from <u>www.marian.edu</u>; Admissions; Financial Aid; How To Apply for Aid)