SOUTHWESTERN ADVENTIST UNIVERSITY
OFFICE OF STUDENT FINANCIAL SERVICES

SPECIAL CIRCUMSTANCES
INDEPENDENT

2023-2024

PII PERSONALLY IDENTIFIABLE INFORMATION

Name: _____ Student's ID Number_____

Tuition Expense for Family Members:

List tuition expenses your family paid during 2023 or 2024 **Do not** include tuition paid for the applicant or college tuition for other members of the family. Exclude room, board, books and supplies.

Attach Receipts

Enter amount paid January - December 2023 or 2024 (tuition only)						
Name	Age	Relationship	Daycare	Preschool	Elementary	Academy/ High School

Excessive Medical Expenses : (Only if these expenses were not claimed on your 2021 tax return.)

Complete this section only if actual 2021 paid medical bills and health insurance premiums exceed 11% of your adjusted gross income.

Adjusted Gross Income (AGI) $ _____

AGI x 11% = $ _____

Medical Expenses $ _____

Amount that exceeds 11% $ _____

Attach Receipts

Taxed Educational Benefits:

Amount of taxed educational benefits included in your 2021 AGI $ _____

Provide Documentation

_____ Student Signature

_____ Spouse Signature

_____ Date

_____ Date