

## SPECIAL CIRCUMSTANCES DEPENDENT



(Please print): \_\_\_\_\_\_ Student's Identification (ID) Number\_\_\_\_\_

## **Tuition Expense for Family Members:**

List tuition expenses your family paid during 2023 or 2024. **Do not** include tuition paidfor 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 <u>paid</u> 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%

## Taxed Educational Benefits:

**Attach Receipts** 

Amount of taxed educational benefits included in your 2021 AGI	\$
Provide Documentation	

Student S	ignature
-----------	----------

Parent Signature

Date

Date

100 W. Hillcrest Street • Keene, TX 76059 • phone (817) 202-6262 • sfs@swau.edu