

## SPECIAL CIRCUMSTANCES INDEPENDENT



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

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

List tuition expenses your family paid during 2024 or 2025. Do not include tuition paid for the applicant or college tuition forother members of the family. Exclude room, board, books and supplies.

## Attach Receipts

Enter amount paid January - December 2024-2025 (tuition only)								
Name	Age	Relationship	Daycare	Preschool	Elementary	Academy/ High School		

Excessive Medical Expenses : (Only if these expenses were not claimed on your 2022 tax return.)

Complete this section only if actual 2022 <u>paid</u> medical bills and health insurance premiums exceed 11% of your adjusted gross income.

100 W. Hillcrest Street • Keen	e, TX 7	6059 • phone (817) 202-6262 • sfs@swau.edu
Date		Date
Student Signature		Spouse Signature
Provide Documentation		
Amount of taxed educational benefits	s inclu	Ided in your 2022 AGI \$
Taxed Educational Benefits:		
Attach Receipts		
Amount that exceeds 11%	\$	
Medical Expenses	\$	
AGI × 11% =	\$	
Adjusted Gross Income (AGI)	\$	