



(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 for other 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 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 2022 AGI \$ _____

Provide Documentation

 Student Signature

 Parent Signature

Date



SOUTHWESTERN
ADVENTIST UNIVERSITY
OFFICE OF STUDENT FINANCIAL SERVICES

SPECIAL CIRCUMSTANCES DEPENDENT



Date

Date