



(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

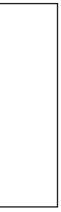
\_\_\_\_\_  
 Spouse Signature

Date



**SOUTHWESTERN**  
**ADVENTIST UNIVERSITY**  
OFFICE OF STUDENT FINANCIAL SERVICES

# SPECIAL CIRCUMSTANCES INDEPENDENT



---

Date

---

Date