Office of Student Financial Services
SOUTHWESTERN ADVENTIST UNIVERSITY

**SPECIAL CIRCUMSTANCES** **2011-2012**

Student (Please print): _____

**Tuition Expense for Family Members:**

List tuition expenses <u>your family</u> paid from your family income for 2010. **Do not** include tuition paid for the applicant or college tuition for other members of the family. Exclude room, board, books and supplies.

| Enter amount paid January - December 2010 (tuition only) | | | | | | |
|---|---|---|---|---|---|---|
| Name | Age | Relationship | Daycare | Preschool | Elementary | Academy/ High School |
| | | | | | | |
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**Excessive Medical Expenses :**

Complete this section only if actual 2010 <u>paid</u> medical bills and health insurance premiums exceed 5% of your adjusted gross income.

Adjusted Gross Income (AGI) $ _____

AGI x 5% = $ _____

Medical Expenses $ _____

Amount that exceeds 5% $ _____

***Explanation:*** _____

**Taxed Educational Benefits:**

Amount of taxed educational benefits included in your 2010 AGI $ _____

_____ _____

Signature of Independent Student Parent Signature of Dependent Student

_____ _____

Date Date