Office of Student Financial Services
SOUTHWESTERN ADVENTIST UNIVERSITY

Personally Identifiable Information

SPECIAL CIRCUMSTANCES **2017-2018**

Student (Please print): _____

Tuition Expense for Family Members:

List tuition expenses your family paid during 2015 or 2016. **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 2015 or 2016 (tuition only)						
Name	Age	Relationship	Daycare	Preschool	Elementary	Academy/ High School

Excessive Medical Expenses : (Only if these expenses were not claimed on your 2015 tax return.)

Complete this section only if actual 2015 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 2015 AGI $ _____

Provide Documentation

_____ _____
Signature of Independent Student Parent Signature of Dependent Student

_____ _____
Date Date