

**2009-2010 Special Circumstances  
Section B**

**Student Name** \_\_\_\_\_  
**Social Security Number** \_\_\_\_\_

**Medical or Dental Expenses**

Please provide a description of the medical/dental/RX expense(s) paid during 2008. Include appropriate documentation with accurate amounts and dates of occurrence. If additional room is needed, please attach documentation.

Please submit:

- Itemized statements from providers showing the name of the patient, date of service, charge, and patient payment.
- You may also provide a copy of Schedule #A from the 2008 Federal Tax Return if expenses were reported.
- Please indicate the total amount of medical expenses incurred that were not covered by insurance.
- Total Medical Expenses \$ \_\_\_\_\_

**CERTIFICATION STATEMENT**

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Father's/ Stepfather's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mother's/ Stepmother's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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