

University of Central Missouri
Student Financial Services
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Warrensburg, MO 64093-5178

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On-line: www.ucmo.edu/contactsfcs
Webpage: www.ucmo.edu/sfs
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Student's Name (please print)

I am requesting that the medical expenses ____ I or ____ parent(s) were required to pay out-of-pocket during the 20__ R U ____ calendar year be considered in the calculation of my eligibility for federal financial aid.

Following is an explanation of these medical expenses and when they were incurred and/or paid

[Empty box for explanation of medical expenses]

A total of \$_____ was paid out-of-pocket during the 12-month 20R U

[Empty box for additional information]

A photocopy of Schedule A of the 20__ federal tax return must be included with this request. If a Schedule A was not filed, invoices and/or photocopies of canceled checks must be included.

FAILURE TO
