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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

A total of \$_____ was paid out-of-pocket during the 12-month 20__ R U ____ calendar year for the above medical expenses. (we) certify that none of this amount was (or will be) paid (or reimbursed) by medical/health insurance or by any other agency or individual. Documentation must be