



VILLANOVA UNIVERSITY

2011-2012 MEDICAL EXPENSE FORM DEPENDENT STUDENT

Office of Financial Assistance
Villanova University • 800 Lancaster Avenue • Villanova, PA 19085-1685
Phone: (610) 519-4010 Fax: (610) 519-7599
Email: finaid@villanova.edu Website: www.villanova.edu/enroll/finaid

STUDENT'S
NAME: _____

VILLANOVA UNIVERSITY
NUMBER: _____
(8 digit number)

Villanova University may consider an application based on the actual amount of the parent(s)' unreimbursed medical/dental expenses if those expenses exceed 7.5% of the total income including the adjusted gross income reported on the 2010 U.S. Income Tax Return. Your parent(s) should provide the requested information regarding family medical/dental expenses and return it to the Office of Financial Assistance.

If your parent(s) filed a 2010 U.S. Income Tax return and itemized medical expenses on Schedule A, you should submit a copy of Schedule A and this form to our office.

If your parent(s) did not file or did not retain a copy of Schedule A, they should complete the following questions.

1. Indicate the amount of money which your parent(s) PAID in 2010 for medical and dental expenses (including insurance premiums). Do not include the amounts covered by insurance, their company pre-tax medical/dental reimbursement account (flexible spending account), monies paid toward establishing the company medical reimbursement account if tax-deferred or self-employed health insurance deductions from Form 1040—line 29.

\$ _____

2. Indicate whether your family medical/dental expenses were paid from income, savings, and/or other sources and indicate the approximate amount paid from each source.

Signature of Custodial Parent (Stepparent) Date

Signature of Student

Date

Submit this form along with documentation of unreimbursed medical/dental expenses to our office at the above address. Submission of this form and documentation of unreimbursed medical/dental expenses do not guarantee that we will be able to provide additional grant assistance. Documentation included copies of paid bills/statement related to the amount listed in Item 1 not covered by insurance.