



VILLANOVA
UNIVERSITY

2007-2008 SIBLING WITH DISABILITY FORM

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

STUDENT'S
NAME: _____

VILLANOVA UNIVERSITY
STUDENT ID NUMBER: _____

Villanova University may consider an application when the family incurs unreimbursed special education costs for a sibling with a disability. The Office of Financial Assistance requests that this form be completed and returned along with a copy of Schedule A of your parent(s)' 2006 U.S. Income Tax Return to the Villanova University Office of Financial Assistance.

1. Name of the child with the disability.

2. Name and address of the special educational institution which the child attends.

3. Indicate the reason(s) (specifically reference all physical and/or learning disabilities) for the child attending the special educational institution.

4. The cost of educational instruction at the institution previously referenced for the 2007-2008 academic year.

\$ _____

5. The cost of medical expenses (physical therapy, medicine, etc.) at the institution previously referenced for the 2007-2008 academic year.

\$ _____

6. The amount of the costs referenced in your response to questions 4 and 5 which is paid by any state or federal agency and/or sources other than parents.

\$ _____
Medical

\$ _____
Education

(Continued)

