



VILLANOVA
UNIVERSITY

**2008-2009 MEDICAL EXPENSE FORM
DEPENDENT STUDENT**

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 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 2007 U.S. Income Tax Return. Your parent(s) should provide the requested information regarding family medical/dental expenses and return it to the Villanova University Office of Financial Assistance.

If your parent(s) filed a 2007 U.S. Income Tax Return and itemized medical expenses on Schedule A, you should submit a copy of Schedule A and this form to the Villanova University Office of Financial Assistance. 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 2007 for medical and dental expenses (including insurance premiums). Do not include 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 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 Parent (Stepparent) Date

Signature of Student Date

Submission of this form and documentation of unreimbursed medical/dental expense does not guarantee that we will be able to provide additional grant assistance.