



VILLANOVA UNIVERSITY

2009-2010 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 Fax: (610)519-7599

STUDENT'S

VILLANOVA UNIVERSITY

NAME: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

Villanova University may consider an application when the family incurs 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)' 2008 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 2009-2010 academic year.

\$ \_\_\_\_\_

5. The cost of medical expenses (physical therapy, medicine, etc.) at the institution previously referenced for the 2009-2010 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

7. The amount of the costs referenced in your response to questions 4 and 5 which is paid by the parents.

\$ \_\_\_\_\_
Medical

\$ \_\_\_\_\_
Education

Signature of Student Date

Signature of Father/Stepfather Date

Signature of Mother/Stepmother Date

The submission of this form and documentation of expenses does not guarantee that we will be able to provide additional grant assistance.