



(Please print): _____ Student's Identification (ID) Number _____

Tuition Expense for Family Members:

List tuition expenses your family paid during 2026 or 2027. Do not include tuition paid for the applicant or college tuition for other members of the family. Exclude room, board, books and supplies.

Attach Receipts

Enter amount paid January - December 2026-2027 (tuition only)						
Name	Age	Relationship	Daycare	Preschool	Elementary	Academy/ High School

Excessive Medical Expenses : (Only if these expenses were not claimed on your 2024 tax return.)

Complete this section only if actual 2024 paid medical bills and health insurance premiums exceed 11% of your adjusted gross income.

Adjusted Gross Income (AGI) \$ _____
AGI x 11% = \$ _____
Medical Expenses \$ _____
Amount that exceeds 11% \$ _____

Attach Receipts

Taxed Educational Benefits:

Amount of taxed educational benefits included in your 2024 AGI \$ _____

Provide Documentation

Student Signature

Parent Signature

Date

Date