

(Please print):

SPECIAL CIRCUMSTANCES INDEPENDENT

Student's Identification (ID) Number





Tuition Expense for	r Family	Members:				
List tuition expenses applicant or college	your fam	nily paidduring	-			•
Attach Receipts						
Ente	er amount p	paid January - Dec	ember 2025-2	2026 (tuition on	ıly)	
Name	Age	Relationship	Daycare	Preschool	Elementary	Academy/ High School
Excessive Medical E	·		•		·	•
Complete this s	ed11%	of your adjuste	ed gross inc	come.		ance
Adjusted Gross Income (AGI)			•			
AGI x 11%						
Medical Expenses						
Amount that exceeds 11%			\$			
Attach Receip	<u>ts</u>					
Taxed Educational E		onal benefits	included in	your 2023 <i>i</i>	AGI \$	
Provide Docum						
Student Signature				Spouse Sig	nature	
ate				Date		