SPECIAL CIRCUMSTANCES 2010-2011

Student (Please print): __________________________________________

**Tuition Expense for Family Members:**

List tuition expenses your family paid from your family income for 2009. **Do not** include tuition paid for the applicant or college tuition for other members of the family. Exclude room, board, books and supplies.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Daycare</th>
<th>Preschool</th>
<th>Elementary</th>
<th>Academy/ High School</th>
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</table>

**Excessive Medical Expenses:**

Complete this section only if actual 2009 paid medical bills and health insurance premiums exceed 5% of your adjusted gross income.

- Adjusted Gross Income (AGI) $ ____________________
- AGI x 5% = $ ____________________
- Medical Expenses $ ____________________
- Amount that exceeds 5% $ ____________________

**Explanation:** __________________________________________

**Taxed Educational Benefits:**

Amount of taxed educational benefits included in your 2009 AGI $ ____________________

Signature of Independent Student ____________________________

Parent Signature of Dependent Student _______________________

Date ____________________________ Date ____________________________