



VILLANOVA UNIVERSITY

2023-2024 Medical Expense Form Dependent Student

Please Return To:

Office of Financial Assistance Dropbox
<https://www1.villanova.edu/villanova/enroll/finaid/forms.html>

Villanova University

Student's Name: _____ Student ID Number: _____

Villanova University may consider an application based on the actual amount of the parent(s)/stepparent's unreimbursed medical/dental expenses if those expenses exceed 4.2% of the total income, including the adjusted gross income reported on the 2021 US Income Tax Return. Your parent(s)/stepparent should provide the requested information regarding family medical/dental expenses and return it to the Office of Financial Assistance.

Submit this form (both pages) to our office at the above address. If additional clarification is needed, we reserve the right to request additional documentation, including copies of paid bills/statements related to Items 1 and 3 that were not covered by insurance. Your request will NOT be reviewed unless you list an itemized summary on the next page. We cannot consider expected or anticipated expenses, only those actually incurred.

1. Indicate the amount of money which your parent(s)/stepparent PAID in 2021 for medical and dental expenses (including insurance premiums). Do not include the amounts covered by insurance, your 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 insurance deductions were claimed on your 2021 US Income Tax Return, Schedule 1 Line 17). You must attach a copy of your parent(s)/stepparent's Federal Schedule A if one was filed.

\$ _____

2. Indicate whether your parent(s)/stepparent's medical/dental expenses were paid from income, savings, and/or other sources and indicate the approximate amount paid from each source.

3. Indicate the amount of money your parent(s)/stepparent PAID after January 1, 2023 for medical and dental expenses (including insurance premiums). Do not include the 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 insurance deductions are expected to be claimed on your 2023 US Income Tax Return, Schedule 1 Line 17).

\$ _____

4. 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.

MUST SUBMIT AN ITEMIZED SUMMARY ON THE NEXT PAGE

