KANSAS STATE UNIVERSITY | Office of Student Financial Assistance

2021-2022 Medical Expense Form

Submit securely online:
ksu.edu/sfa/upload

Deliver in person:
119 Anderson Hall | 919 Mid-Campus Drive North
Manhattan, Kansas 66506-0107

Student's Name (Last, First, MI)

Wildcat Identification Number

Student's K-State Email Address

Student's Phone Number

Medical expenses that were paid personally by you or your parent(s)/spouse in 2019 can be considered through the use of the Professional Judgment Appeal. Typically, the amount of medical expenses paid is unusually high and has created a financial burden for the family. **Note**: The Free Application for Federal Student Aid (FAFSA) protects a percentage of the student's and/or parent's income for medical expenses when determining the student's federal financial aid eligibility. For consideration, the student and parent(s)/spouse medical expenses paid must exceed the value already protected.

Submit this form if you did not include medical expenses in your itemized federal deductions. Otherwise, if you included medical expenses in your itemized deductions, please submit Schedule A from your 2019 federal tax return.

Dependent students - report medical expenses paid by the parent(s) whose income is reported on the FAFSA.
Independent students - report medical expenses paid by you and/or your spouse.

Medical Expenses Paid in 2019				
Name of Medical Provider	**Type of Medical Expense** (surgery, doctor visit, pharmacy, etc.)	**Billed Amount Not Covered by Insurance**	**Amount Paid in 2019**	**Date Paid**

If additional space is needed, you may submit a second page of this form.

Certification Statement

The amount of medical expenses paid by myself or my parent(s)/spouse is true and accurate to the best of my knowledge.

Signature of Student (required) Date
Digital signatures are not accepted.

Signature of Parent on FAFSA (required) Date
Digital signatures are not accepted.