

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 2022 or 2023 or 2024 (only one calendar year used) 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 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.

Choose One Year: 2022 2023 2024

Medical Expenses Paid				
Name of Medical Provider	Type of Medical Expense (surgery, doctor visit, pharmacy, etc.)	Billed Amount Not Covered by Insurance	Amount Paid in 2022, 2023, or 2024	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

Signature of Parent on FAFSA (required)

Date