



****FAMEDF**

MEDICAL EXPENSE FORM
2020-2021 Academic Year

Please check one of the following: Continuing Student New Student

_____/_____/_____/_____

Student's Last Name First M.I. King's ID # or Student's SSN

The purpose of this form is to report extraordinary medical expenses paid in calendar year 2019 for family members. Complete the worksheet below to determine if this form should be submitted.

Total amount of **unreimbursed** medical, dental and vision care expenses **actually paid in 2019**. Include paid insurance premiums. Do not include amounts covered by insurance, company medical reimbursement account (flexible spending account), or self-employed 1. \$ _____

Adjusted Gross Income reported on 2019 Federal Tax Return 2. \$ _____

Multiply line 2 by .10 and enter answer on line 3 3. \$ _____

Subtract line 3 from line 1. If line 4 is less than zero, stop. 4. \$ _____
***You are not eligible to submit this form.*

If line 4 is greater than zero, King's College requires you to attach a copy of your 1040 Schedule A. If you do not submit requested documents for 2019, King's College will be unable to give further consideration to your request.

By signing, I attest that the above information is accurate. Furthermore, I (we) understand the above data will be used to determine eligibility for federal and King's College financial assistance and is subject to verification by King's College.

 Applicant's Signature _____
Date

 Spouse's Signature (if married) _____
Date

 Father's Signature _____
Date

 Mother's Signature _____
Date

Complete this form only if it applies to you. Return to:
 King's College
 Financial Aid Office
 Wilkes-Barre, PA 18711
Fax: 570-208-6015
Phone: 1-888- KINGSPA