

STUDENT MEDICAL/DENTAL EXPENSES NOT COVERED BY INSURANCE
2009-2010

Western Illinois University

Financial Aid Office
Sherman Hall 127
1 University Circle
Macomb, IL 61455-1390

Phone: 309/298-2446
FAX: 309/298-2353

Student's Name: _____
(Please Print)

WIU ID#: _____

I am requesting a special review of my 2009-2010 financial aid application.

I have attached a **signed** copy of my/my spouse's 2008 Federal Income Tax return, **including Schedule A**, showing the medical/dental expenses **paid in 2008**. I understand the Financial Aid Office will not accept medical or dental bills or canceled checks.

Student's signature _____ Date _____