



Office of Student Financial Aid
1021 Dulaney Valley Road
Baltimore, Maryland 21204-2794
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1-800-GOUCHER, ext.6141
www.goucher.edu/financialaid

**2011-2012 Medical Treatment Not Covered by Insurance
Professional Judgment (Dependent)**

STUDENT'S NAME: _____ **GOUCHER ID#** _____

Unusual Circumstances:

You or a member of your family had medical treatment in 2010 or will have medical treatment in 2011 resulting in expenses not covered by insurance.

Will this treatment continue in future years? (circle one) Yes/No

Documentation Required: *(You must provide this documentation for your request to be complete.)*

- 1.) A copy of your 2010 federal income tax return, as well as your parents', including all schedules, especially Schedule A
- 2.) 2011-2012 Dependent Verification Worksheet
- 3.) Letter or benefits statement from your parents' and your insurance company or service provider(s) confirming what expenses were and were not covered by insurance for calendar year 2010 or calendar year 2011
- 4.) Copies of receipts/cancelled checks for expenses paid out-of-pocket for calendar year 2010 or calendar year 2011

By signing this form, you certify that the information reported on this form is true and accurate to the best of your knowledge. The Office of Student Financial Aid reserves the right to request supporting documentation and to revise awards if necessary.

STUDENT'S SIGNATURE: _____ **DATE:** _____

PARENT'S SIGNATURE: _____ **DATE:** _____