

Print Student's Name

Student's ID Number

POMONA COLLEGE
OFFICE OF FINANCIAL AID

2010/2011 Unusual Medical and Dental Expense Statement

Pomona College is aware that unusual medical and dental expenses can be a hardship affecting a family's ability to pay. Complete this worksheet and **return it to the Office of Financial Aid within ten days of its receipt** in order to ensure that your financial aid is processed in a timely manner.

A. Family Member(s)

Please indicate which family member(s) have unusual medical/dental expenses. In addition, please indicate the treatment and the name of the doctor who provided the care.

FAMILY MEMBER	TREATMENT	DOCTOR

B. Monthly Expenses

Next to each item, fill in the dollar amount of your family's average monthly medical/dental expenses. If your family has insurance that shares these expenses, indicate only that portion of expenses which your family pays. If an expense occurs other than monthly, please convert it to a monthly average. In addition, **please attach copies of your medical/dental bills.**

MEDICAL/DENTAL EXPENSES	Average Amount per Month in 2009	Average Amount per Month in 2010	Expected Monthly Average in 2011
How much did you pay for medical/dental insurance? <i>(Do not include employer's contribution.)</i>	\$	\$	\$
What were your medical/dental expenses not paid by insurance? <i>(Include your portion of all co-payments and/or deductibles.)</i>	\$	\$	\$
TOTAL MONTHLY MEDICAL/DENTAL EXPENSES	\$	\$	\$

C. Explanation/Special Circumstances

Please provide any additional information that would help our office understand how your family meets your medical/dental expenses. Please explain if your family's medical/dental circumstances changed in 2010, or if you anticipate a change in the near future.

D. Certification

By signing this statement, we certify that all the information reported on this form in support of the student's application for financial assistance is complete and correct to the best of my/our knowledge. (At least one parent must sign if you are a dependent student.)

Student

Date

Parent

Date

Make certain that all sections are complete and mail or fax to the following:

**Office of Financial Aid
550 North College Avenue
Alexander Hall, #117
Claremont, California 91711
Phone (909) 621-8205
Fax (909) 607-7941**