



Medical Expense Assistance Application

Student Name: _____

Duke Unique ID: _____

Date of Birth: _____

Department/Program: _____

Campus Box: _____ Campus Phone: _____

Duke E-mail: _____

Start Date at Duke: _____ Expected Graduation Date: _____

Home Address: _____

Home Phone: _____

Other Address: _____

Gross family income, including child support: _____

Tuition and fees directly paid by student:

Tuition and Fees: _____ Name of Student: _____

Institution: _____

Tuition and Fees: _____ Name of Student: _____

Institution: _____

Subtract total tuition and fees from gross family income to obtain net family income.

Net family income: _____

Confidentiality: All financial information reported will be kept confidential.

Please include the following with your application:

- A one-page personal statement of need explaining the nature of your illness, how much you are required to pay, why these costs present a hardship for you, and any other pertinent special circumstances.
- A federal income tax statement for the most recent tax year (if you are an international student who will not pay taxes, please contact us about what documents we might need in place of the tax statement).
- A financial aid letter for the current academic year (can be a letter from a department official, such as the director of graduate study, detailing stipend and fellowship support).
- Copies of insurance statements and copies of the original receipts for medical costs not covered by the Duke Student Medical Insurance Plan to document your out-of-pocket expenses.
- If your receipts span several weeks or treatments, please include an itemized spreadsheet summarizing your costs so we can more easily understand your situation.

Make sure that all financial information includes your spouse/partner, if applicable.

I verify that all information provided on this form is accurate to the best of my knowledge. I recognize that providing inaccurate information will be considered a violation of The Graduate School's judicial policies and will be handled accordingly.

Student Signature

Date

Spouse/Partner Signature

Date