SPECIAL CIRCUMSTANCE
SPECIAL EDUCATION SCHOOL COSTS (FASPSC) 2015/2016

Complete this application for consideration of Elementary and Secondary school expenses for (a) child/children required to attend a particular school for medical, emotional, or physical reasons.

<table>
<thead>
<tr>
<th>Name of family member</th>
<th>Age</th>
<th>Relationship</th>
<th>Monthly Expense</th>
<th>Annual Expense</th>
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TOTAL FAMILY MEMBERS LISTED _______ TOTAL ANNUAL EXPENSE $_________

Required documentation to be attached to this application when submitted for consideration.

- Physicians signed statement explaining the condition
- Receipts for tuition payments
- Signed, itemized statement of expenses from the school

I/we certify that the information listed above is correct to the best of my/our knowledge.

_____________________________  __________________________
Student Signature              Date

_____________________________
Parent Signature

___________________________
EMPL ID ______________________________
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Student Name ______________________
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Student Phone _______________________

The Florida State University
Office of Financial Aid
Room A4400 UCA
Tallahassee FL 32306-2430
(850) 644-0539
(850) 644-6404(fax)
www.financialaid.fsu.edu

Florida State University’s Use of Social Security Number policy is available at http://registrar.fsu.edu/bulletin/undergrad/info/university_notices.htm
Revised 01/12/2015