Florida State University
Office of Financial Aid

2016-2017 SPECIAL CIRCUMSTANCE
SPECIAL DEPENDENT CARE EXPENSES (FASPDC)

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; extended elderly care, or special disabled/handicapped care expenses incurred for family members.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Does the member live in their own home, your household or an assisted living facility?</th>
<th>Monthly Expense</th>
<th>Annual Expense</th>
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TOTAL FAMILY MEMBERS LISTED _____ TOTAL ANNUAL EXPENSE $_____________

Does the family member(s) receive any other type of financial funds? ________Yes ________No
(Social Security, Pension, and/or other family members contributing)

If so, amount per month $____________ from ________________  
$____________ from ________________  
$____________ from ________________  
$____________ from ________________

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

- Statement from student or parent
- Billing Statement (rent, utilities, phone, etc.)
- Proof of Member Registered at Facility
- Paid Receipts or Statements from Facility
- 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             Date

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