SPECIAL CIRCUMSTANCE
NONELECTIVE DENTAL/MEDICAL EXPENSES (FASPDME) 2016/2017
(not covered by insurance)

The federal needs analysis formula has already allowed 11% of the family adjusted gross income for dental/medical expenses.

Expenses NOT covered by insurance and that are above the 11% allowance may be considered for recalculation and revision of Estimated Family Contribution (EFC).

Amount of dental/medical expenses paid out of pocket in 2015 (NOT paid by insurance) $___________

Amount of dental/medical expenses paid out of pocket in 2016 (NOT paid by insurance) $___________

Below are the required documents to be attached to this application when submitted for consideration.

- 2015 Federal Tax Return Transcript
- 2015 Federal Tax Return with Schedule A-Itemized Deductions
- Paid receipts of all payments NOT covered by insurance

I/We certify that the information submitted 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

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