2017/2018 SPECIAL CIRCUMSTANCE
NONELECTIVE DENTAL/MEDICAL EXPENSES (FASPDME)
(not covered by insurance)

Approved Special Circumstances do not guarantee any additional aid will be awarded.
Excluding peak periods, the estimated timeframe for a review is 6 to 8 weeks.

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