



Florida State
University
Office of Financial Aid

Name _____

Empl ID _____

Student Phone _____

**2018/2019 SPECIAL CIRCUMSTANCE
SPECIAL DEPENDENT CARE EXPENSES (FASPD)**

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.

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.

Full Name	Age	Relationship	Does the member live in their own home, your household or an assisted living facility?	Monthly Expense	Annual Expense

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

282 Champions Way P.O. Box 3062430 University Center A4400 Tallahassee, FL 32306

Phone: 850-644-0539 Fax: 850-644-6404 Email: OFACS@fsu.edu

www.financialaid.fsu.edu

Revised 2/14/2018