



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*