



Florida State
 University
 Office of Financial Aid

Name _____

Empl ID _____

Student Phone _____

**2018/2019 SPECIAL CIRCUMSTANCE
 NONELECTIVE DENTAL/MEDICAL EXPENSES (FASPDMO)
 (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 2016
 (NOT paid by insurance) \$ _____

Amount of dental/medical expenses ***paid out of pocket*** in 2017
 (NOT paid by insurance) \$ _____

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

- 2016 Federal Tax Return Transcript
- 2016 (signed) 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

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

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

www.financialaid.fsu.edu

Revised 2/14/2018