



Florida State
University
 Office of Financial Aid

Name _____

Empl ID _____

Student Phone _____

2018/2019 SPECIAL CIRCUMSTANCE
SPECIAL EDUCATION SCHOOL COSTS (FASPSCO)

*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.

Name of family member	Age	Relationship	Monthly Expense	Annual Expense

TOTAL FAMILY MEMBERS LISTED: _____ **TOTAL ANNUAL EXPENSE:** \$ _____

Required documentation to be attached to this application when submitted for consideration.

- 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