Florida State University
Office of Financial Aid

Name _____
Empl ID _____
Student Phone_____

2019/2020 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 7.5% of the family adjusted gross income for dental/medical expenses.

Expenses **NOT** covered by insurance and that are above the 7.5% allowance may be considered for recalculation and revision of Estimated Family Contribution (EFC).

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

Amount of dental/medical expenses ***paid out of pocket*** in 2018 (**NOT** paid by insurance) $_____

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

- 2017 Federal Tax Return Transcript
- 2017 (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

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