



FLORIDA STATE UNIVERSITY
Office of Financial Aid

Name: _____

EMPLID: _____

Date: _____

**2022–2023 Special Circumstance—Non-Elective Dental/Medical Expenses (FASPDMO)
(NOT COVERED BY INSURANCE)**

Approved Special Circumstances do not guarantee any additional aid will be awarded.

During high-volume processing times (i.e., the spring-term months of December and January; the summer-term months April and May; and the fall-term months of July and August), the estimated time frame for review is 6 to 8 weeks. During standard (off-peak times), the review will be completed within 15 business days.

According to the Federal Needs-Analysis formula, you have already reached the allowed 7.5% of the family adjusted-gross income for dental and/or 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 2020 (NOT paid by insurance) \$ _____

Amount of dental/medical expenses paid out of pocket in 2020 (NOT paid by insurance) \$ _____

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

- 2020 Federal Tax Return Transcript
- 2020 (signed) Federal Tax Return with Schedule A-Itemized Deductions
- Paid receipts of all payments NOT covered by insurance

I/We certify that the information listed above is correct to the best of my/our knowledge.

Student Signature

Date

Parent Signature

Date