

**Valparaiso University**  
**Office of Financial Aid**  
**2010-2011 Special Circumstance Form - Extraordinary Expenses**

Student's Name: \_\_\_\_\_ VU ID# \_\_\_\_\_

- Before submitting this form, be sure that you have completed the 2010-2011 Free Application for Federal Student Aid (FAFSA).
- By completing this form, you are indicating that your family has significant expenses that are not reflected on the FAFSA.
- Please understand that filing this form may not necessarily result in an increase in financial aid.
- If your situation cannot be reflected properly on this form, please attach a separate page explaining your situation in as much detail as possible. Please note: We cannot make adjustments for expenses related to "personal living" such as credit card bills, home mortgage, car payments, and other miscellaneous consumer expenses.

I understand that if I knowingly make a false statement or a misrepresentation, further financial assistance may be denied and that repayment of current assistance may result.

Parent Signature	Student Signature
Parent Daytime Phone Number	Parent's E-mail (if available)

<input type="checkbox"/>	<p><b>Elementary or secondary private school tuition</b></p> <p>Net tuition for 2010-2011 academic year \$ _____          (Net amount equals costs minus tuition assistance received.)</p> <p><b>Required Documentation:</b></p> <ul style="list-style-type: none"> <li>✓ Tuition statement/bill from the school for the 2010-2011 academic year</li> </ul>
<input type="checkbox"/>	<p><b>Parent's college tuition and expenses</b></p> <p>Net tuition for 2010-2011 academic year \$ _____ Book costs: \$ _____          (Net amount equals costs minus tuition assistance received. Tuition assistance includes: scholarships, grants, loans, and employer reimbursement.)</p> <p><b>Required Documentation:</b></p> <ul style="list-style-type: none"> <li>✓ Tuition statement/bill from the school for the 2010-2011 academic year</li> </ul>
<input type="checkbox"/>	<p><b>Daycare or eldercare expenses</b>      Monthly expense \$ _____</p> <p>Do you have any pre-tax money withheld from your pay for this expense (i.e. flex account)?    YES      NO</p> <p>If so, how much? \$ _____</p> <p><b>Required Documentation:</b></p> <ul style="list-style-type: none"> <li>✓ Statement from care provider</li> </ul>

## Medical Expenses

You may choose one of the following for review:

- ~ your actual 2009 out of pocket expenses paid (submit any time during 2010) OR
- ~ your anticipated 2010 out of pocket expenses (submit any time during 2010) OR
- ~ your actual 2010 out of pocket expenses paid (submit in January 2011.)

Please complete the appropriate items below and submit the requested documents.

Actual Medical/Dental expenses:      Please choose the year you are submitting       2009       2010

Amount of your expenses not covered by insurance \$ \_\_\_\_\_

Amount of pre-tax dollars, if any, withheld from your pay for these expenses (i.e. flex account) \$ \_\_\_\_\_

How much did you pay, with after tax dollars, toward these expenses \$ \_\_\_\_\_

**Required Documentation:**

- ✓ If you itemized on your federal taxes, a copy of your the tax return including schedule A.
- ✓ If you didn't itemize, submit an itemized list\* of payments and accompanying receipts/statements

\_\_\_\_\_ OR \_\_\_\_\_

**2010 Anticipated Medical/Dental expenses.**

You may submit anticipated expenses if you have reoccurring monthly expenses such as monthly prescriptions or payment plan with doctor/hospital.

Anticipated 2010 expenses not covered by insurance \$ \_\_\_\_\_

Amount of 2010 pre-tax dollars withheld from your pay for these expenses (i.e. flex account) \$ \_\_\_\_\_

Anticipated amount you will pay in 2010 toward these expenses \$ \_\_\_\_\_

**Required Documentation:**

- ✓ A letter of explanation
- ✓ An itemized list\* of payments and a month's worth of accompanying receipts/statements

\*Sample itemized list for payments:

Date of service	Name of patient	Name of provider/pharmacy	Amt of patient's responsibility	Amount Paid	Date of Payment

Return completed form, letter, and documentation to:  
 Kretzmann Hall - Office of Financial Aid  
 Valparaiso University  
 1700 Chapel Drive  
 Valparaiso, IN 46383  
 or Fax to 219-464-5012