Valparaiso University

# 2013-2014 Special Circumstance Form
## Extraordinary Expenses
Office of Financial Aid

Student's Name: _____Valpo ID# _____

→Before submitting this form, be sure that you have completed the 2013-2014 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 E-mail (if available) _____ Parent's Daytime Phone Number_____

☐ **Elementary or secondary private school tuition**

Net tuition for 2013-2014 academic year $ _____
(Net amount equals costs minus tuition assistance received.)

**Required Documentation:**
- ✔ Tuition statement/bill from the school for the 2013-2014 academic year

☐ **Daycare or eldercare expenses**

For whom is care provided: _____ Monthly expense $ _____

Do you have any pre-tax money withheld from your pay for this expense (i.e. flex account)?
☐ NO ☐ YES If so, how much? $_____

**Required Documentation:**
- ✔ Statement from care provider

☐ **Parent's college tuition and expenses and/or own student loan payments**

Net tuition for 2013-2014 academic year $ _____ Book costs: $_____
(Net amount equals costs minus tuition assistance received. Tuition assistance includes: scholarships, grants, loans, and employer reimbursement.)

Amount of monthly amount of parent's student loan payment $_____
☐ Parent's own student loan ☐ Parent PLUS loan for another child

**Required Documentation:**
- ✔ Tuition statement/bill from the school for the 2013-2014 academic year
- ✔ Copy of monthly student loan bill

# Medical Expenses

**You may choose one of the following for review:**

**~ your actual 2012 out of pocket expenses paid (submit any time during 2013) OR**
**~ your anticipated 2013 out of pocket expenses (submit any time during 2013) OR**
**~ your actual 2013 out of pocket expenses paid (submit in January 2014.)**

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

☐ **Actual Medical/Dental expenses: Please choose the year you are submitting ☐ 2012 ☐ 2013**

Amount of your expenses not covered by insurance $_____

Amount of pre-tax dollars, if any, used to pay for these expenses
(i.e. flex account, HSA, etc.) $ _____

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 tax return including schedule A.
- ✔ If you didn't itemize, submit an itemized list* of payments and accompanying receipts/statements

**OR**

☐ **Anticipated 2013 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 2013 expenses not covered by insurance $_____

Amount of 2013 pre-tax dollars withheld from your pay for these expenses (i.e. flex account) $_____

Anticipated amount you will pay in 2013 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