2014-2015 Special Circumstance Form
Extraordinary Expenses
Office of Financial Aid

Student's Name: _____Valpo ID# _____

→Before submitting this form, be sure you have completed the 2014-2015 Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov.

→By completing this form, you are indicating your family has significant expenses which are not reflected on the FAFSA.

→Filing this form **may not** necessarily result in an increase in financial aid.

→Please attach a separate page explaining your situation in as much detail as possible, if your circumstances cannot be reflected properly using this form. **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 if I knowingly make a false statement or a misrepresentation, further financial assistance may be denied and repayment of current assistance may result.

Parent Signature _____ Student Signature _____
Parent E-mail (if available) _____ Parent Daytime Phone Number_____

☐ **Elementary or secondary private school tuition**

Net tuition for 2014-2015 academic year $ _____
(Net amount equals costs minus tuition assistance received.)

Required Documentation:
- ✔ Tuition statement/bill from the school for the 2014-2015 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 2014-2015 academic year $ _____ Book costs: $_____
(Net amount equals costs minus tuition assistance received. Tuition assistance includes: scholarships, grants, loans, and employer reimbursement.)

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 2014-2015 academic year
- ✔ Copy of monthly student loan bill

Medical Expenses

You may choose one of the following for review:

~ your actual 2013 out of pocket expenses paid (submit any time during 2014) OR
~ your anticipated 2014 out of pocket expenses (submit any time during 2014) OR
~ your actual 2014 out of pocket expenses paid (submit in January 2015.)

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

☐ **Actual Medical/Dental expenses: Please choose the year you are submitting ☐ 2013 ☐ 2014**

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 after tax dollars, toward these expenses? $_____

Required Documentation:

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

OR

☐ **Anticipated 2014 Medical/Dental expenses.**

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

Anticipated 2014 expenses not covered by insurance $_____

Amount of 2014 pre-tax dollars withheld from your pay for these expenses (i.e. flex account) $_____

Anticipated amount you will pay in 2014 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
Fax: 219.464.5012
Email: finaid@valpo.edu