2016-2017 Special Circumstance Form
Extraordinary Expenses
Office of Financial Aid

Student’s Name: ______________________________ Valpo ID# __________________

By completing this form, you are indicating you and/or your family have significant expenses which are not reflected on the FAFSA.

Before submitting this form, make sure you have completed the 2016-2017 Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov.

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

Please attach a separate page explaining, in detail, your situation, if your circumstances cannot be properly reflected using this form. Please note: We cannot make adjustments for "personal living expenses" 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 2016-2017 academic year $ __________________________
(Net amount equals costs minus tuition assistance received.)

**Required Documentation:**

- Tuition statement/bill from the school for the 2016-2017 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 2016-2017 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 2016-2017 academic year
- Copy of monthly student loan bill
Medical Expenses
You may choose one of the following for review:
~ your actual 2015 out of pocket expenses paid (submit any time during 2016) OR
~ your anticipated 2016 out of pocket expenses (submit any time during 2016) OR
~ your actual 2016 out of pocket expenses paid (submit in January 2017.)
Please complete the appropriate items below and submit the requested documents.

☐ Actual Medical/Dental expenses: Please choose the year you are submitting ☐ 2015 ☐ 2016

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*

☐ Anticipated 2016 Medical/Dental expenses.

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

Anticipated 2016 expenses not covered by insurance

Amount of 2016 pre-tax dollars withheld from your pay for these expenses (i.e. flex account)

Anticipated amount you will pay in 2015 toward these expenses

Required Documentation:
✓ A letter of explanation
✓ An itemized list of payments and a month's worth of accompanying receipts/statements
Use the sample box below as a guide to the information needed with this form.

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Name of Patient</th>
<th>Name of Provider/ pharmacy</th>
<th>Amt. of patient’s responsibility</th>
<th>Amount Paid</th>
<th>Date of Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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