



2011-2012 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 2011-2012 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 _____

<input type="checkbox"/> Elementary or secondary private school tuition Net tuition for 2011-2012 academic year \$ _____ (Net amount equals costs minus tuition assistance received.) Required Documentation: <input checked="" type="checkbox"/> Tuition statement/bill from the school for the 2011-2012 academic year
<input type="checkbox"/> Parent's college tuition and expenses Net tuition for 2011-2012 academic year \$ _____ Book costs: \$ _____ (Net amount equals costs minus tuition assistance received. Tuition assistance includes: scholarships, grants, loans, and employer reimbursement.) Required Documentation: <input checked="" type="checkbox"/> Tuition statement/bill from the school for the 2011-2012 academic year
<input type="checkbox"/> Daycare or eldercare expenses Monthly expense \$ _____ Do you have any pre-tax money withheld from your pay for this expense (i.e. flex account)? YES NO If so, how much? \$ _____ Required Documentation: <input checked="" type="checkbox"/> Statement from care provider

Medical Expenses

You may choose one of the following for review:

- ~ your actual 2010 out of pocket expenses paid (submit any time during 2011) **OR**
- ~ your anticipated 2011 out of pocket expenses (submit any time during 2011) **OR**
- ~ your actual 2011 out of pocket expenses paid (submit in January 2012.)

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

Actual Medical/Dental expenses: Please choose the year you are submitting 2010 2011

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

Anticipated 2011 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 2011 expenses not covered by insurance \$ _____

Amount of 2011 pre-tax dollars withheld from your pay for these expenses (i.e. flex account) \$ _____

Anticipated amount you will pay in 2011 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