2014-2015
DEPENDENT Student Special Circumstance Application
Medical or Dental Expenses

This Special Circumstance Application is designed to aid students with specific situations that are not reflected on the FAFSA. **Before this application is reviewed, verification of the FAFSA must be complete.** Once the verification process is complete, applications are reviewed by a Committee and adjustments are made based on federal and state regulations. *Please note that changes made as a result of this application may or may not result in additional aid.* Decisions of the Committee are final.

Instructions:

1. Complete the V1 Standard: 2014-2015 DEPENDENT Verification Worksheet (located under Applications and Forms at: www.ohiodominican.edu/finaid).
2. Request and submit a copy of your and your parent(s) 2013 IRS Tax Return Transcript or use the IRS Data Retrieval Tool.
3. Complete and sign this Special Circumstance Application and turn in any supporting documents required to verify special circumstance including a personal statement.
4. Submit forms and documentation at the same time by fax, mail, or in person to the Financial Aid Office.
5. **Allow a minimum of 2 weeks for processing.** You will be notified by mail once a decision has been made.

STUDENT INFORMATION

_____ _____
Student's Full Name *ODU Student ID Number*

_____ _____
Student Phone Number (Including Area Code) *Parent(s) Daytime Phone Number*

REASON FOR FILING – Medical and/or Dental Expenses

- In what year were the most significant medical expenses incurred: 2013_____ 2014_____
- Indicate the total amount of medical expenses incurred for the year listed above, that were not covered by insurance: _____
- Required Documentation: A signed document itemizing ALL medical and dental expenses ***you paid*** (not covered by insurance), OR a copy of Schedule A from the 2013 Federal Tax Return, OR copies of bills showing the amount ***you paid*** (not covered by insurance).

PERSONAL STATEMENT

- Attach a personal statement to this application explaining the details of your specific situation.

I certify all information included with this form is true and complete to the best of my knowledge. I understand additional documents may be requested to verify my circumstance(s).

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Submit completed form to:
Financial Aid Office, Ohio Dominican University, 1216 Sunbury Road, Columbus, OH 43219
Phone: (614) 251-4778 FAX: (614) 253-3499