



2026-2027 Special Circumstance Application Medical or Dental Expenses

When completing the FAFSA, you are required to provide 2024 income/asset information and in some cases, this information changes or is not a good representation of your family's financial situation. If you are experiencing a hardship or other situation that is not reflected on the FAFSA, we may be able to reevaluate your financial need.

INSTRUCTIONS: Please complete all sections of this worksheet and submit any requested information to the Financial Aid Office. You will be notified by mail once a decision has been made. Decisions of the Special Circumstances Review Committee are final. **All Steps, A-E, are required.** Please contact us with any questions at 614-251-4778 or finaid@ohiodominican.edu.

A. Student Information

Student's Full Name

ODU Student ID Number **or** Last 4 of social

Student Phone Number (Including Area Code)

Parent Daytime Phone Number
(Dependent Students only)

B. Reason For Filing – Paid Medical and/or Dental Expenses not covered by insurance

1. In what year were the most significant medical expenses paid: 2025 _____ 2026 _____
2. Indicate the total amount of medical expenses paid for the year listed above, that were not covered by insurance:
\$ _____
 - o **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 2025 Federal Tax Return, OR copies of bills showing the amount **you paid** (not covered by insurance).

C. Personal Statement

- ☐ I have attached a personal statement to this application explaining the details of my specific situation.

D. Verification Worksheet

- ☐ I have submitted a V1 Standard: 2026-2027 Verification Worksheet and any documentation that may be required with it (located at www.ohiodominican.edu/finaidforms).

E. Certification and Signatures

By signing this application, I certify that the information provided on this form and all supporting documentation is true to the best of my knowledge. I understand that incomplete requests will not be processed and additional documents may be requested to verify my circumstance(s). I also understand that submitting this information does not guarantee an adjustment to my/my child's financial aid.

Student's Signature: _____

Date: _____

Parent's Signature (Dependent Students Only): _____

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