@00_____
CVTC Student ID Number
B-R-ID/Spec Circumstance

FINANCIAL AID OFFICE
620 W. Clairemont Avenue • Eau Claire, WI 54701-6162
(715) 833-6200
Fax (715) 833-6293

2011-2012 – Special Circumstances Appeal
Unusual Medical/Dental Expenses Incurred During the 2010 Calendar Year – Dependent Student

You have indicated that there were unusual medical/dental bills paid by your family during the 2010 calendar year. In order for the CVTC Financial Aid Office to review your circumstances, please submit this completed form and required documentation to the CVTC Financial Aid Office.

BEFORE SUBMITTING THIS FORM, *you must have received your Student Aid Report from the Department of Education and be registered for classes in a Financial Aid eligible program.*

_____ _____ @_____
Student's Name (print) Birth Date CVTC Student ID No.

Federal laws governing financial aid allow the CVTC Financial Aid Office to recalculate financial need in cases of special circumstances not taken into consideration by the Free Application for Federal Student Aid (FAFSA). The laws allow financial aid administrators to use "professional judgment" to make adjustments that adequately reflect the family's "ability" to pay. Special circumstances are considered on a case-by-case basis. A financial aid administrator's decision is final and cannot be appealed to the Department of Education.

Special Circumstances Appeal Documentation:

- **Everyone requesting a special circumstance review must also go through the verification process. The documents required for the verification process are:**
  - ☐ Dependent Verification Worksheet,
  - ☐ Signed copy of Student's 2010 Federal Tax Return, and
  - ☐ Signed copy of parents' 2010 Federal Tax Return.
- **Documentation and information required for medical/dental expenses paid by student from January 1, 2010, to December 31, 2010:**
  - ☐ Paid receipts for medical and dental expenses not covered by insurance,
  - ☐ Statement showing health/dental insurance premiums paid, and
  - ☐ Total of medical/dental expenses paid by student in 2010: $_____.
- **Documentation and information required for medical/dental expenses paid by parents from January 1, 2010, to December 31, 2010:**
  - ☐ Paid receipts for medical and dental expenses not covered by insurance,
  - ☐ Statement showing health/dental insurance premiums paid, and
  - ☐ Total of medical/dental expenses paid by student in 2010: $_____.

- Forms may be printed from our website at http://www.cvtc.edu/pages/332.asp.
- Submit form and required documentation to the CVTC Financial Aid Office.
- During the review process, you may be contacted to provide additional documentation.
- Please use the check boxes to ensure that you have attached all required documentation.
- Incomplete applications will not receive consideration.

I certify that the information provided on this form and accompanying documentation is true and correct to the best of my knowledge and belief. I agree, if requested, to provide documentation to support the information provided with this request.

_____ _____ _____
Student's Signature Daytime Phone No. Date

_____ _____ _____
Parent's Signature (for dependent students) Daytime Phone No. Date

Allow three (3) weeks for the review to be completed.
If your eligibility increases, a revised award letter showing the updated amounts will be sent to you via U.S. mail.
If the review did not increase your financial aid, you will receive notification via your student e-mail account.