



**2022-2023 FINANCIAL AID APPEAL FOR UNUSUAL
 MEDICAL AND DENTAL COSTS**

 Student's Printed Name

 C #

When the federal government calculated your financial aid eligibility it allowed 11% of your total income as an allowance for yearly medical and dental expenses. Only expenses that exceed 11% of your total income will be disallowed. In addition, only the unreimbursed amount that was paid in 2021 or 2022 will be considered, not the total amount of the expenses.

Instructions:

- In order to be considered for any federal professional judgment all students must complete a federal aid application (FAFSA) and complete the federal verification process.
- All students are required to complete the 2022-2023 Household Size and Number in College Form.
- Students (and Spouse) are required to submit a copy of their 2020 IRS Tax Transcript or 2020 Non-Tax Filer statement along with copies of their 2020 W-2 Forms. Independent students (and Spouse) must also provide a signed IRS Form 4506-T.
- Parents of dependent students are required to submit a copy of their 2020 IRS Tax Transcript or 2020 Non-Tax Filer Statement along with copies of their 2020 W-2 Forms and a signed IRS Form 4506-T.

Please list the amount of reimbursed medical or dental expenses that you have paid out of pocket for all family members in 2021 or 2022.

Doctor or Dentist Name	Total Amount Paid Out of Pocket	Year Paid (2021 or 2022)

Documentation Required: Copy of your 2020 IRS 1040 Schedule A or a summary of payments from your doctor or dentist that verifies the amount you have reported above.

Certification Statement:

The information provided on this form is true and complete to the best of my knowledge. I have submitted a copy of the documents listed above and any other supporting documentation requested on this form.

 Student Signature

 Date

 Parent Printed Name

 Parent Signature (if applicable)

 Date

Office Use Only: Appeal Approved _____ Appeal Denied _____
ActionTaken: _____
SFSO Counselor : _____ Date: _____