



| | | |
|--------------------------|---------------------------|--------------------------|
| | | |
| Student Last Name | Student First Name | Student ID Number |

This form must be completed in full and submitted simultaneously with all required documentation as stated on the Special Circumstance Appeal Checklist. Your appeal will be reviewed only when all required documentation has been received.

REASON FOR REQUEST

Select the option below that best pertains to your appeal and submit all supplemental documentation needed for each option.

| | |
|--------------------------|---|
| Dependent Student | |
| <input type="checkbox"/> | My parent(s) and/or I paid medical, dental, or optical expenses in 2018 that exceeded 7.5% of the total household income earned in 2018. |
| <input type="checkbox"/> | My parent(s) and/or I will have medical, dental, or optical expenses during the 2020-2021 school year that <u>will not</u> be reimbursed by insurance. |

| | |
|----------------------------|--|
| Independent Student | |
| <input type="checkbox"/> | My spouse and/or I paid medical, dental, or optical expenses in 2018 that exceeded 7.5% of the total household income earned in 2018 . |
| <input type="checkbox"/> | My spouse and/or I will have medical, dental, or optical expenses during the 2020-2021 school year that <u>will not</u> be reimbursed by insurance. |

CERTIFICATION & SIGNATURE

All of the information on this form is true and complete to the best of my knowledge. I agree to provide verification of the information I have given on this form.

| | |
|---|-------------|
| | |
| Student Signature (Required) | Date |
| | |
| Parent Signature (Required, if applicable) | Date |