If you (or your family) have unusual expenses that are not reflected on your FAFSA, please complete this worksheet by checking the appropriate reason (or reasons) and provide the documentation specified below (or required by a Financial Aid Counselor). To be considered for an expense adjustment, you must have already completed a 2015-2016 FAFSA, received your Student Aid Report (SAR), and completed requirements for income verification. Complete this worksheet for yourself, your spouse (if you are married) and your parents (if you are dependent). You must then see a Financial Aid Counselor with your Student Aid Report, this worksheet, and the required documentation.

☐ You, your spouse, or your parents pay (or paid) tuition expenses for a member of your household at an elementary or secondary school.

**Required Documentation**—Letter from the school indicating the name and the amount of elementary, junior high or high school tuition paid for each family member in either 2014 or 2015. (Tuition does not include room, board, books, transportation, etc. Don’t include tuition that you paid for yourself, tuition paid for by scholarships, or any tuition paid for pre-school or college.)

☐ You, your spouse, or your parents pay (or paid) unusual medical, dental, or nursing home expenses, not covered by insurance, for a member of your household.

**Required Documentation**—Schedule A from your or your parents’ 2014 Federal IRS Tax Return Transcript listing the amount of medical/dental/nursing home/medical insurance payments made in that year; or the actual receipts for these expenses for that year, or for those incurred and paid in 2015. Do not include amounts covered by insurance, your company, medical reimbursement accounts (flexible spending accounts) or self-employed health deductions from 1040 line 29.

☐ One or both of your parents will be enrolled in a degree or certificate program at a post-secondary institution on at least a half-time basis during the current award year. This program of study is required by your parents’ present employer or by law or regulation, to keep their salary or job, or to keep or improve the skills they must have in their job, or meet or continue to meet the minimum qualifications for their occupation.

**Required Documentation**—statement from employer or agency detailing specific education requirements, statement of attendance from institution confirming parents’ enrollment and degree status, etc.

☐ You, your spouse, or your parents have other unusual expenses not covered on your application that affect your eligibility for student financial aid.

**Required Documentation**—statements detailing the nature of these unusual expenses along with receipts, cancelled checks, etc.

**STUDENT’S/ PARENTS’ CERTIFICATION:**
I/we hereby confirm that all information submitted in support of this request for an expense adjustment is true and complete to the best of my/our knowledge. I/we swear that I/we have not knowingly or intentionally provided any fraudulent documentation. I/we understand that if I/we are found to have knowingly or intentionally given false statements or fraudulent documentation, this request will be denied and the student’s eligibility for Federal financial aid jeopardized.

Student’s Signature: ___________________________ Date: ______________

Parent’s Signature: ___________________________ Date: ______________