



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 **Change in Circumstance Appeal Checklist**.

All **Sections I, II, & III** of this form must be completed in full and submitted simultaneously with all required documentation. Your appeal will be reviewed only when all required documentation has been received.

Do not leave any information blank. If the information does not pertain to you, indicate Non-Applicable (N/A).

SECTION I: REASON FOR REQUEST

Select the option below that best pertains to your appeal.

Dependent Student	
<input type="checkbox"/>	My parent(s) and/or I paid medical, dental, or optical expenses in 2023 that exceeded 7.5% of the total household income earned in 2022 .
<input type="checkbox"/>	My parent(s) and/or I will have medical, dental, or optical expenses during the 2024-2025 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 2023 that exceeded 7.5% of the total household income earned in 2022 .
<input type="checkbox"/>	My spouse and/or I will have medical, dental, or optical expenses during the 2024-2025 school year that <u>will not</u> be reimbursed by insurance.

SECTION II: Medical Expenses

Name of person who paid the medical expenses	Total out of pocket paid in 2023	Total out of pocket estimate in 2024
	\$	\$

- ☐ Signed copy of 2023 Federal Tax Return and all schedules, Schedule A must be included
- ☐ Supporting documentation of expense not covered by insurance.
- ☐ A letter detailing medical condition, treatment and expenses.

Section III: Certification & Signature

I/We, hereby certify that all of the information that is provided on this form is true, complete and correct to the best of my/our knowledge. I understand that if corrections need to be made to my FAFSA results, the Office of Financial Aid will make all necessary corrections.

Student's Signature Required	Date	Parent's (or spouse if applicable) Signature Required	Date

Please submit the signed and completed form, along with supporting documentation, to the Office of Financial Aid via our dropbox located on our [website](https://www.benedictine.edu/financialaid) or via email to financialaid@ben.edu.