
UNUSUAL MEDICAL EXPENSES

IMPORTANT: Only submit this form if you meet the Special Circumstance listed above. You will need to submit all of the documentation listed under the Required Documentation box (next page) in order for TCNJ to process your request.

A. Student's Information

Student's Last Name	Student's First Name	Student's M.I.	PAWS ID
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B. Instructions:

Before petitioning for a Special Circumstance, a completed 2017-2018 Free Application for Federal Student Aid (FAFSA) must be on file with the Financial Aid Office at TCNJ.

Incoming students will not be evaluated for a Special Circumstance until their deposit has been paid.

Returning students can begin to submit their information March 1st of the year for which they will be applying for aid.

In addition to submitting the information for the chosen Special Circumstance category the Federal government requires that we verify the data you provided on your FAFSA. Therefore, all students are required to submit the following documents:

- If the student, spouse (if applicable), or parent filed a 2015 Federal Tax Return, attach a copy of all 2015 **IRS Tax Return Transcripts** and W-2 Form(s). Instructions to request a Transcript are as follows:
 - An **IRS Tax Return Transcript** may be obtained in three ways; online at www.irs.gov or via phone by calling (800) 908-9946 or mail-filers may order by mail using IRS form 4506T (request for Transcript of Tax Returns). When ordering it online, please go to www.irs.gov and click on the "Order a Return or Account Transcript" link and then select the link "**Tax Return Transcript**".
- Dependent students must complete a Dependent Verification Form. Independent student must complete an Independent Verification Form. These forms are located on our website. Please copy and paste the following link on your browser to access the forms:
 - <https://financialaid.tcnj.edu/forms/verification-forms/>
- A personal statement from the student/parent detailing the circumstance. Please be specific.

You must submit this form ALONG WITH all the required documentation. Incomplete submissions will not be evaluated. Please call us at (609) 771-2211 with any questions.

Student's name: _____ PAWS ID: _____

C. Special Circumstance Certification:

Review and complete the information below.

Circumstance	Reason	Required Documentation
Unusual Medical/Dental Expenses	Medical/Dental expenses not covered by insurance, paid in 2015 and within allowable IRS guidelines.	<ul style="list-style-type: none"> 2016 Tax Return Transcript with Schedule A
<p>In addition to the required documentation, please complete the following information:</p> <p>No additional documentation is required.</p>		

D. Certification and Signature

By signing this worksheet I certify that all of the information reported on it is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may face TCNJ disciplinary action, be fined and sentenced to jail.

Student's Signature

Date

STOP! You must submit this form ALONG WITH all of the required documentation. Incomplete submissions will not be evaluated. Information can be submitted via e-mail, fax or USPS mail. We suggest you put your name and PAWS ID on all submitted documents.

Email: osfa@tcnj.edu

Fax: (609) 637-5154

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