
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 2023-2024 Free Application for Federal Student Aid (FAFSA) must be on file with the Financial Aid Office at TCNJ.

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

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

In addition to submitting the information for the chosen Special Circumstance category, TCNJ must 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 2021 Federal Tax Return, attach a copy of the 2021 **IRS Tax Return Transcripts or a signed "home copy" of your tax return** along with all W-2 Form(s). Please copy and paste the following link on your browser for instructions on how to request a Transcript, if needed:
 - <https://www.irs.gov/individuals/get-transcript>
- Dependent students must complete a Dependent Verification Form. Independent students 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 that were paid in 2021 and were within allowable IRS guidelines.	<ul style="list-style-type: none"> 2021 Tax Return Transcript with Schedule A or "home copy" of tax return 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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