

STUDENT NAME \_\_\_\_\_ ID# \_\_\_\_\_ PHONE # \_\_\_\_\_

**2011-2012 SPECIAL CONDITIONS FORM- Medical**

If you or your family have unusual circumstances which may affect your ability to pay educational expenses, the Boise State Financial Aid Office MAY re-evaluate your financial aid eligibility. Use this form only if you or your family have had excessive Medical Expenses.

*Deadlines for submission of form and documentation: Nov. 1, 2011 for fall semester (if it is your last semester of enrollment) and April 1, 2011 for spring semester. Students enrolling for summer session only may submit this request through May 20, 2011.*

**Instructions for submitting this form:**

1. Include a letter explaining your unique circumstances. Be specific about your extra medical expenses.
2. Attach medical expense documentation, such as:  
     \*Explanation of Benefits (EOB) from insurance/s      \*Billing Statement  
     \*Estimates/Receipts      \*Signed schedule "A" from Federal Tax Return.
3. An appointment with a counselor is not required but it is highly recommended
4. Sign the Certification below

**Excessive Medical Expenses: ( Medical/Dental/Optical and other medical expenses for tax deductions)**

Do you have medical insurance?  Yes  No

Do you have dental insurance?  Yes  No

Do you have vision insurance?  Yes  No

Total expenses incurred: \_\_\_\_\_ Total paid by insurance: \_\_\_\_\_ Total still due by insurance: \_\_\_\_\_

Total amount you paid: \_\_\_\_\_ Total still due by you: \_\_\_\_\_

Check the type of adjustment you are seeking?

Evaluate for EFC\* change —————> **Provide documentation as noted above.**  
 (\* Expected Family Contribution) (Documentation from all household members is acceptable)

**OR**

Evaluate for loan increases —————> **Documentation for student expenses only.**

**If approved, what type of additional aid are you seeking? Please indicate your intent:**

- Direct Loan increase     Work/Study increase     PLUS Loan     Alternative Loan  
 Scholarship reinstatement for previously reduced/ cancelled award (scholarship name \_\_\_\_\_)

The federal Direct Loan limits are: (Not all students qualify for these maximums)

Dependent students: freshman: \$5,500; sophomore, \$6,500; junior/senior, \$7,500

Independent students: freshman: \$9,500; sophomore, \$10,500; junior/senior, \$12,500; graduate student \$20,500.

The maximum work/study award is: \$4000

**Special Conditions forms are considered on a case-by-case basis and approval is not guaranteed.**

**CERTIFICATION:**

I certify the information provided above is true. I understand if I use false information to establish eligibility for federal student financial aid, I could be subject to a fine, jail, or both. [Independent students: you must sign and if you are married, your spouse must sign. Dependent students: you must sign and one of your parents must sign.]

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE \_\_\_\_\_ DATE \_\_\_\_\_  
 FATHER \_\_\_\_\_ DATE \_\_\_\_\_ MOTHER \_\_\_\_\_ DATE \_\_\_\_\_