



**DOCUMENTATION:**

**Unusual medical and dental expenses:**

- 2009 Federal Income Tax Return with itemized medical and dental deductions
- Receipts for payment of medical/dental expenses not covered by insurance
- Written agreements or promissory notes to pay medical/dental expenses

**Extended family support**

- Receipts for support
- Billing statements

**Private elementary and secondary education**

- Listing of dependents
- Receipts for tuition payments

**Dependent care expense**

- Signed and itemized statement of expenses
- Receipts for dependent care expenses

**Unusual debts**

- Contact, mortgage, or lien
- Billing statements
- Payment summary from person, company, or agency to whom money is owed

**Income reduction/Unemployment or Change in Employment**

- 2009 Federal Income Tax Return for student and/or parent
- Written statement from employer

**Divorce/Separation**

- 2009 Federal Tax Return and W2s
- Copy of divorce or legal separation papers

**Death of Student's Parent or Spouse**

- Death Certificate for Parent or Spouse
- 2009 Federal Tax Return and W2s for Student and Parent or Spouse

**Disability of Student or Student's Parent or Spouse**

- Legal and/or Medical Statement pertaining to the disability
- Benefit statements

**One Time Income**

- 2009 Federal Taxes and W2s
- Documentation regarding the one time income

**All parties whose information is included must sign below:**

I declare, under the penalty, that the information and attachments provided are complete and correct.

\_\_\_\_\_  
Parent Signature *(required, if student is a dependent)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

- Review the information provided for accuracy, completeness, and signatures
- Attach all related documentation and check for signatures
- Forward this request for professional judgment and your documentation to the Director of Financial Aid