



THOMAS MORE
UNIVERSITY

**2024-2025
Special Circumstance Application
Medical/Dental, Education, and
Dependent Care Expenses**

Student Name _____

SSN _____

Home Address: _____
Street City State ZIP

A signed copy of yours and/or your parents' 2023 Federal Tax Returns and all related schedules must accompany this form.**

SECTION A: REASON FOR SPECIAL CONDITION REQUEST (Check all that apply.)

For an Independent Student **OR** the Parent of a Dependent Student:

- Medical/Dental** – Unusual Medical and Dental Expenses **that were not paid** by insurance for the current tax year may be considered. **One of the following must be provided:** Receipts or statements from physicians, pharmacy, dental office **showing what you actually paid between January 1 and December 31, 2023** or 1040 Schedule A to document out-of-pocket medical/dental **insurance you paid**. Please provide a copy of your paystub reflecting amount paid for 2023.

- Education** – If you have children for whom you are paying tuition for elementary, secondary, or post-secondary schooling, **please attach a statement from the school** for each child attending the school **indicating the tuition paid for each child from January 1, 2023 through December 31, 2023**.

- Dependent Care** – If you are providing dependent care for a disabled child or elderly parent, **please submit receipts for out-of-pocket expenses paid from January 1, 2023 through December 31, 2023**. This pertains only to individuals that depend on your care. ***This does not include parents who are merely living with you who receive their own income such as social security or retirement benefits.***

Name of Supported Family Member	Age	Relationship	Child Care Expense Paid	Elementary Education Expense Paid	Secondary Education Expense Paid	Post-Secondary Education Expense Paid	Adult Dependent Care Paid	Total 2023 Annual Expense Paid

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and true. If dependent, at least on parent must sign this form.

Student's Signature

Parent's Signature (Dependent Students Only)

Office Use Only

Original EFC _____

New EFC _____

Medical: Deduct 11% of IPA from total medical expenses before reducing AGI.
Dependent Care: Deduct approved from AGI

Selected for Verification & Verified

Adjusted AGI _____

Date Reviewed _____

Adjusted Tax Pd _____

Untaxed Income _____

Counselor _____

Approved Yes No Letter Sent Yes .