



## 2024-2025 Special Circumstance Application Medical or Dental Expenses

When completing the FAFSA, you are required to provide 2022 income/asset information and in some cases, this information changes or is not a good representation of your family’s financial situation. If you are experiencing a hardship or other situation that is not reflected on the FAFSA, we may be able to reevaluate your financial need.

**INSTRUCTIONS:** Please complete all sections of this worksheet and submit any requested information to the Financial Aid Office. You will be notified by mail once a decision has been made. Decisions of the Special Circumstances Review Committee are final. **All Steps, A-E, are required.** Please contact us with any questions at 614-251-4778 or [finaid@ohiodominican.edu](mailto:finaid@ohiodominican.edu).

### A. Student Information

\_\_\_\_\_  
Student’s Full Name

\_\_\_\_\_  
ODU Student ID Number **or** Last 4 of social

\_\_\_\_\_  
Student Phone Number (Including Area Code)

\_\_\_\_\_  
Parent Daytime Phone Number  
(Dependent Students only)

### B. Reason For Filing – Paid Medical and/or Dental Expenses not covered by insurance

1. In what year were the most significant medical expenses paid: 2023 \_\_\_\_\_ 2024 \_\_\_\_\_
2. Indicate the total amount of medical expenses paid for the year listed above, that were not covered by insurance:  
\$ \_\_\_\_\_
  - o **Required Documentation:** A signed document itemizing ALL medical and dental expenses **you paid** (not covered by insurance), OR a copy of Schedule A from the 2023 Federal Tax Return, OR copies of bills showing the amount **you paid** (not covered by insurance).

### C. Personal Statement

- I have attached a personal statement to this application explaining the details of my specific situation.

### D. Verification Worksheet

- I have submitted a V1 Standard: 2024-2025 Verification Worksheet and any documentation that may be required with it (located at [www.ohiodominican.edu/finaidforms](http://www.ohiodominican.edu/finaidforms)).

### E. Certification and Signatures

By signing this application, I certify that the information provided on this form and all supporting documentation is true to the best of my knowledge. I understand that incomplete requests will not be processed and additional documents may be requested to verify my circumstance(s). I also understand that submitting this information does not guarantee an adjustment to my/my child’s financial aid.

Student’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent’s Signature (Dependent Students Only): \_\_\_\_\_

Date: \_\_\_\_\_

#### Submit completed form to:

Financial Aid Office, Ohio Dominican University, 1216 Sunbury Road, Columbus, OH 43219  
Phone: (614) 251-4778 Fax: (614) 253-3499