



OFFICE OF FINANCIAL AID
2020-21 SPECIAL CONDITION WORKSHEET
UNUSUAL MEDICAL AND DENTAL EXPENSES

If your family situation has changed significantly since completing the 2020-21 Free Application for Federal Student Aid Form (FAFSA), you may request these changes be taken into consideration by providing additional information. Information from this form, the student file and supporting documentation will be used to determine if eligibility for financial aid can be recalculated using this new information. Submitting this form does not guarantee additional aid. Wofford College complies with the guidelines of the U.S. Department of Education.

STEP 1: STUDENT INFORMATION

STUDENT FULL NAME (PLEASE PRINT) W WOFFORD ID NUMBER XXX-XX-____ SOCIAL SECURITY NUMBER

STEP 2: HOUSEHOLD INFORMATION (USE ADDITIONAL PAPER IF NECESSARY)

In the chart below, include the following:

- Yourself (the student).
- Your parent(s)/step-parent(s) (do **not** include non-custodial parent).
- Your parents other children if:
 - (a) The parents/step-parents will provide more than half of their support from July 1, 2020-June 30, 2021.
 - (b) The children would be required to provide parental information when applying for federal student aid.
- Other people if they now live with your parents/step-parents, and your parents/step-parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2020-June 30, 2021.
- Write in the name of the college for any household member who will be attending at least half time between July 1, 2020 and June 30, 2021, and will be enrolled in a degree, diploma or certificate program.

FULL NAME OF FAMILY MEMBER	RELATIONSHIP TO STUDENT	AGE	NAME OF COLLEGE ATTENDING IN 2020-21
	self		Wofford College

STEP 3: UNUSUAL MEDICAL AND DENTAL EXPENSES (FOR INDEPENDENT STUDENT/SPOUSE OR PARENTS OF DEPENDENT STUDENT)

The FAFSA already considers an 11% income protection allowance on the parent(s) Adjusted Gross Income (AGI). To make any significant difference on the FAFSA, the medical expenses must significantly exceed 11% of the AGI or the parent/student must have filed a Schedule A. Please note that insurance statements will not be considered; only receipts or bank/credit card statements showing the amount paid out of pocket.

1. How much did you pay for your medical/dental insurance in 2019?
(Do not include employer's contribution.) \$ _____
2. What were the medical/dental expenses not paid by insurance in the same year listed above? \$ _____
3. Please explain if your unreimbursed medical/dental expenses were/will be higher in 2019, 2020 or 2021 and why in an attached statement.
4. From what sources will you finance these expenses? _____
5. Attach supporting documentation including but not limited to receipts, bank statements, etc.

STEP 4: CERTIFICATION

By signing this request for special circumstances, I (we) certify that all information reported on this form is true and correct to the best of my (our) knowledge, and I (we) give permission to Wofford College to make changes to my FAFSA. *Electronic signatures are not acceptable.*

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

**We cannot accept emailed or faxed documents because of privacy and security concerns.
Please use one of the following methods to submit your documentation.**

SECURE UPLOAD

forms.wofford.edu
(Requires student log-in to myWofford.)

MAIL

Office of Financial Aid
Wofford College
429 N. Church Street
Spartanburg, S.C. 29303

IN PERSON

Hugh S. Black Admin Bldg.
2nd floor above Admission