



2022-23 Medical Expenses for Special Circumstance

Student Name: _____

Student ID: _____

Tech E-Mail: _____

Phone: _____

Eligibility for financial aid is based on the 2020 tax year which may not be indicative of a family's continuing ability to pay for a student's educational expenses. To remedy this, Congress has authorized the school's financial aid administrator to evaluate special circumstances on a case-by-case basis with adequate documentation. To begin an appeal, return this completed form (front and back), a personal statement, additional forms (see section 1 below) and any supporting documentation to the Financial Aid Office.

Instructions: Complete the following worksheet and provide documentation of medical expenses you paid in one tax year, such as billing statements documenting payment, receipts or account summaries from your health care provider. The Financial Aid Office cannot accept unpaid bills or explanation of benefits as proof of payment. Please contact our office for help completing this form or with any question you may have about your personal circumstances.

Please indicate which year you would like for us to review your medical expenses (you can only choose one):

- 2020 (1/1/2020 -12/31/2020)
- 2021 (1/1/2021 -12/31/2021)
- 2022 (1/1/2022 -12/31/2022)

Please do not combine expenses from multiple years.

Date Service Was Received:	Name of Medical Provider (doctor, dentist, optometrist, hospital, pharmacy, health insurance premiums, etc.):	Total Cost of Service Received (if known):	Amount Not Covered by Insurance:	Amount Paid:	Date You Paid:	Supporting Documents Attached?: (Circle)	Recurring Expense?: (Circle)
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
TOTALS:							

- 1. Type a detailed personal statement** of your special circumstance(s) on a separate page and submit with this form.
- 2. Notifications:** For all dependent students, notification of requests for additional information, documentation and the results of review will be sent only to your Montana Technological University student email account. If you would like for the information to be shared with your parent, you will need to forward requests to them.
- 3. Timeline:** Our first priority is to ensure that all Montana Technological University students have received their original financial aid offer prior to reviewing any special circumstance requests. In order to allow for sufficient time for the student and families to provide necessary documentation, the review of these requests will begin on May 1st, 2022 and will be reviewed in the order they are received. **Please note:** that if the student is selected for verification based on their FAFSA application (which utilizes 2020 income), that review must be completed *before* the special circumstance can be reviewed.

Due to the volume of these requests you may experience a notable delay from the date your request is submitted to the date it is reviewed. ***As a result, it is recommended that the student proceed with the accepting of their Financial Aid Offer process in MyMTech from their original aid offer and complete the process for accepting their term charges/"pay my bill" process and utilize that funding to assist with paying for their cost of attending.*** Once the special circumstance is processed, if the student is eligible for increased aid, then those aid sources will be retroactively applied.

All requests and supporting documentation must be submitted by the 1st day of the final month of the semester for which the student is enrolled. For example: a fall semester request must have all forms and documentation submitted by December 1st.

- 4. Certification:** By signing this form, I affirm that all information on this form and on any attachments is complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. The Montana Technological University Financial Aid Office will carefully review your information, but please remember that even though the review of reduced income may result in a lower Expected Family Contribution (EFC), it may not result in additional financial aid. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

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Student Signature (Required)

Date

Parent Signature (Required only if student is dependent)

Date