



BOISE STATE UNIVERSITY

STUDENT AFFAIRS

Financial Aid and Scholarships

Administration Building Room 113
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Boise, ID 83725-1315
financialaid.boisestate.edu

Phone: (208) 426-1664
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2016-2017

SPECIAL CONDITIONS - MEDICAL

STUDENT NAME _____ ID# _____ PHONE # _____

Deadlines for submitting this form:

Nov. 1, 2016 – if fall 2016 is your last semester at Boise State; April 1, 2017 – if you will attend spring 2017 at Boise State;
Summer only students – whichever date is earlier: 3 weeks before the end of your last session, or July 15, 2017

If you (or your family) have unusual circumstances which may affect your ability to pay educational expenses, the Boise State
Financial Aid Office will re-evaluate your financial aid eligibility. Special Conditions requests are considered on a case-by-case
basis and approval is not guaranteed. Use this form only if you (or your family) have had excessive Medical Expenses.

Instructions for submitting this form:

- Attach a letter explaining your unique circumstances. Be specific about your excessive medical expenses.
Attach medical expense documentation, such as:
*Explanation of Benefits (EOB) from insurance/s *Billing Statement
*Estimates/Receipts *Signed Schedule "A" from Federal Tax Return.
Attach a signed copy of your 2015 Federal Tax Return and all associated schedules.
An appointment with a counselor is not required but it is highly recommended.
Sign the Certification below. Student signature is required. Independent students: if you are married, your spouse
must sign. Dependent students: one of your parents must sign.

Excessive Medical Expenses: (Medical/Dental/Optical and other medical expenses for tax deductions)

Do you have medical insurance? Yes No

Do you have dental insurance? Yes No

Do you have vision insurance? Yes No

Total expenses incurred: Total paid by insurance: Total still due by insurance:

Total amount you paid: Total still due by you:

Check the type of adjustment you are seeking:

Evaluate for EFC* change Provide documentation as noted above.
(* Expected Family Contribution) (Documentation from all household members is acceptable)

OR

Evaluate for loan increases Documentation for student expenses only.

If approved, what type of additional aid are you seeking? Please indicate your intent:

- Direct Loan increase Work-Study increase PLUS Loan* Alternative Loan
Scholarship reinstatement for previously reduced/cancelled award (scholarship name _____)

*PLUS Loan increase requires the signature of parent with approved PLUS Loan.

CERTIFICATION: I certify the information provided above is true. I understand if I use false information to
establish eligibility for federal student financial aid, I could be subject to a fine, jail, or both.

Student Date Spouse Date

Parent 1 Date Parent 2 Date