



Student Financial Aid
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 Edwardsville, IL 62026-1060
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 Email: finaid@siue.edu Homepage: www.siue.edu/financialaid

**Special Circumstances
 Medical/Dental
 2008-2009**

SPCMD

Student's Name _____ ID# _____
(Print: Last, First, Middle)

Home phone _____ Work phone _____ Email _____@siue.edu

Parents Home Phone _____ Work Phone _____ Email _____

All correspondence from this office will be mailed to your mailing address on file with the University. If a mailing address is not on file, we will use your permanent address. It is your responsibility to ensure that your address is correct. Check CougarNet and make changes if necessary.

General Instructions

Dependent students may use this form to report unusual medical/dental expenses for yourself or your parents.

Independent students may use this form to report unusual medical/dental expenses for yourself, your spouse, and/or your dependent child(ren).

If you meet one of the following conditions, submit this form after you have filed your 2008-2009 FAFSA and received your Student Aid Report:

- Medical/dental expenses were reported on Schedule A with 2007 U.S. tax return;
- OR**
- Medical/dental expenses will be in excess of 7.5% of the anticipated adjusted gross income in 2008 AND *Schedule A was NOT filed in 2007 tax year.*

Complete column below applicable to your filing status:

Student (and spouse if married)	Parents of dependent student (if applicable)
1. Submit item(s) checked: <input type="checkbox"/> Signed copy of student's (and spouse's if married) 2007 federal tax return, including Schedule A if itemized deductions. <input type="checkbox"/> Copies of latest pay stubs for student and spouse if married. <input type="checkbox"/> Copies of all medical/dental bills 2. Number of family members in 2008-2009: (student, student's spouse, and dependents) _____ 3. Number of family members in college at least half time during 2008-2009, including the student _____	1. Submit item(s) checked: <input type="checkbox"/> Signed copy of parents' 2007 federal tax return, including Schedule A if itemized deductions. <input type="checkbox"/> Copies of latest pay stubs for parents reported on 2008-2009 FAFSA <input type="checkbox"/> Copies of all medical/dental bills. 2. Number of family members in 2008-2009: (parents and their dependents, including student) _____ 3. Number of family members in college at least half time during 2008-2009, excluding parent(s) _____

For Office Use Only

Income Protection Allowance - Dependent

Number in parents' household, including student (FAFSA/SAR #66)	Number of college students in household (FAFSA/SAR #67)									
	1	11%	2	11%	3	11%	4	11%	5	11%
2	\$15,380	\$1,691	\$12,750	\$1,402	-----	-----	-----	-----	-----	-----
3	\$19,150	\$2,106	\$16,540	\$1,819	\$13,900	\$1,529	-----	-----	-----	-----
4	\$23,660	\$2,602	\$21,020	\$2,312	\$18,410	\$2,025	\$15,770	\$1,734	-----	-----
5	\$27,910	\$3,070	\$25,280	\$2,780	\$22,660	\$2,492	\$20,030	\$2,203	\$17,410	\$1,915
6	\$32,650	\$3,591	\$30,010	\$3,301	\$27,400	\$3,014	\$24,770	\$2,724	\$22,150	\$2,436

Note: For each additional family member, add \$3,680
For each additional college student (except parents), subtract \$2,620

Income Protection Allowance - Independent

Number in student's household, including student (FAFSA/SAR #90)	Number of college students in household (FAFSA/SAR #91)									
	1	11%	2	11%	3	11%	4	11%	5	11%
1	\$6,220*	\$684**								
2	\$15,750	\$1,732	\$13,060	\$1,436	-----	-----	-----	-----	-----	-----
3	\$19,610	\$2,157	\$16,930	\$1,862	\$14,240	\$1,566	-----	-----	-----	-----
4	\$24,220	\$2,664	\$21,530	\$2,368	\$18,850	\$2,073	\$16,150	\$1,776	-----	-----
5	\$28,580	\$3,143	\$25,880	\$2,846	\$23,200	\$2,552	\$20,510	\$2,256	\$17,830	\$1,961
6	\$33,420	\$3,676	\$30,730	\$3,380	\$28,060	\$3,086	\$25,350	\$2,788	\$22,680	\$2,494

Note: For each additional family member, add \$3,670
For each additional college student, subtract \$2,610

*\$6,220 for unmarried or separated student, or married student if spouse is enrolled at least 1/2 time; \$9,970 for married student if spouse is not enrolled at least 1/2 time
**11% of \$6,220=\$684; 11% of \$9,970=1,096

Total Bills	-	IPA 11%	=	Amount to subtract from AGI
AGI from tax return	-	Above amount	=	New AGI