



<b>Student Last Name</b>	<b>Student First Name</b>	<b>Student ID Number</b>

This form must be completed in full and submitted simultaneously with all required documentation as stated on the **Change in Circumstance Appeal Checklist**.

All **Sections I, II, & III** of this form must be completed in full and submitted simultaneously with all required documentation. Your appeal will be reviewed only when all required documentation has been received.

*Do not leave any information blank. If the information does not pertain to you, indicate Non-Applicable (N/A).*

**SECTION I: REASON FOR REQUEST**

Select the option below that best pertains to your appeal.

<b>Dependent Student</b>	
<input type="checkbox"/>	My parent(s) and/or I paid medical, dental, or optical expenses in <b>2023</b> that exceeded 7.5% of the total household income earned in <b>2022</b> .
<input type="checkbox"/>	My parent(s) and/or I will have medical, dental, or optical expenses during the <b>2024-2025</b> school year that <u>will not</u> be reimbursed by insurance.

<b>Independent Student</b>	
<input type="checkbox"/>	My spouse and/or I paid medical, dental, or optical expenses in <b>2023</b> that exceeded 7.5% of the total household income earned in <b>2022</b> .
<input type="checkbox"/>	My spouse and/or I will have medical, dental, or optical expenses during the <b>2024-2025</b> school year that <u>will not</u> be reimbursed by insurance.

**SECTION II: Medical Expenses**

<b>Name of person who paid the medical expenses</b>	<b>Total out of pocket paid in 2023</b>	<b>Total out of pocket estimate in 2024</b>
	\$	\$

- Signed copy of 2023 Federal Tax Return and all schedules, Schedule A must be included
- Supporting documentation of expense not covered by insurance.
- A letter detailing medical condition, treatment and expenses.

**Section III: Certification & Signature**

I/We, hereby certify that all of the information that is provided on this form is true, complete and correct to the best of my/our knowledge. I understand that if corrections need to be made to my FAFSA results, the Office of Financial Aid will make all necessary corrections.

<b>Student's Signature Required</b>	<b>Date</b>	<b>Parent's (or spouse if applicable) Signature Required</b>	<b>Date</b>

Please submit the signed and completed form, along with supporting documentation, to the Office of Financial Aid via our dropbox located on our [website](#) or via email to [financialaid@ben.edu](mailto:financialaid@ben.edu).