



Office of Financial Aid

**2020-2021 UNUSUAL MEDICAL/DENTAL
EXPENSES APPEAL**

Student Name _____ Student ID _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Federal regulations authorize the Financial Aid Administrator to exercise professional judgment in situations where unusually high medical or dental expenses, not covered by insurance, place a hardship on a family's ability to contribute to the cost of education. These uncovered expenses must have been **paid** during the 2018 calendar year. Please complete the questions below so your circumstances can be considered.

1. What were your 2018 medical/dental expenses not paid by insurance? \$ _____
If you are an independent student, please list expenses for you and/or your dependents. If you are a dependent student, please list expenses for you and/or your parents.

2. How much did you pay for your medical/dental insurance in 2018? \$ _____
If you are an independent student, please list premiums for you and your dependents. If you are a dependent student, please list premiums for you and your parents (Do not include employer's contribution.).

ATTENTION APPLICANT: Attach all required documentation to this completed form and submit to the Financial Aid Appeals Committee.

Required documents:

- Schedule A of 2018 Federal tax return
- Receipts of 2018 medical/dental payments
- Proof of cost of insurance premiums

1000 Galvin Road South
Bellevue, NE 68005-3098

For questions please contact Bruin Support Services at 402-293-2000 or 1-800-756-7920 or by email at BRUINSupportServices@bellevue.edu

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