

Documentation of Special Circumstances
FINANCIAL AID INFORMATION 2009-2010
Brandeis University – Graduate School of Arts and Sciences
P.O. Box 9110 MS 31
Waltham, MA 02454-9110

Phone 781-736-3410
Fax 781-736-3412

www.brandeis.edu/gsas

NAME _____

Address/Phone/E-mail _____

Brandeis has calculated estimates for a number of expenses which students may be incurring, but which aren't included in the basic cost of attendance budget. These expenses are allowed when determining federal need, but need to be documented before they can be included. This form gives students the opportunity to document those expenses and potentially increase their cost of attendance.

COST

DEPENDENT CARE & CHILD CARE EXPENSES (infants to age 5) \$ _____

AFTER SCHOOL CARE (for children age 5 to 13) \$ _____

ELEMENTARY & SECONDARY EDUCATION EXPENSES \$ _____

HEALTH INSURANCE \$ _____

DENTAL INSURANCE \$ _____

MEDICAL EXPENSES (not covered by insurance) \$ _____

OTHER - please specify \$ _____

SIGNATURE: _____

DATE: _____

PLEASE COMPLETE THIS FORM WITH YOUR STAFFORD LOAN REQUEST FORM IF APPLICABLE AND ATTACH SUPPORTING DOCUMENTATION.