OFFICE OF FINANCIAL AID
Cleveland State Community College
P.O. Box 3570
Cleveland, TN 7320-3570
Telephone: (423) 472-7141

2009-2010
Statement of Unusual Expenses

Complete this form if you or your family incurred unusual expenses during 2008 or will during 2009-2010, as outlined below. **If you are a dependent student**, your parents should complete and sign this form. **If you are an independent student**, you should complete and sign this form**. Complete all sections** and submit, with requested supporting documentation, to the above address.

Student's Name _____ Social Security Number _____

Elementary/Secondary Tuition Expenses

I/we certify that we paid, or will pay, elementary and/or secondary school tuition for the following (*complete the chart, and attach copies of all applicable tuition bills*):

Name	Social Security No.	Age	Grade	Tuition 2009	Tuition 2010
		Total Tuition			

Medical/Dental Expenses Not Covered By Insurance

I/we paid medical and/or dental bills totaling $_____ during 2008. These bills were not covered by insurance because (*explain the type of treatment received, why it was not covered by insurance, and attach copies of bills*): _____

If your unreimbursed medical and /or dental bills are expected to be higher in 2009, please explain below (*explain the type of treatment received, why it was not covered by insurance, and attach copies of bills*):

I certify that the above information is true and correct to the best of my knowledge.

Parent's Signature _____ Date _____ Student's Signature _____ Date _____