

2018-2019 PARENT CONTRIBUTION REVIEW FORM MEDICAL, DENTAL OR NATURAL DISASTER EXPENSES

Student Name: _____ Campus Wide I.D.#: _____

Parent Name: _____ Parent Phone/Email: _____

Deadline: March 1, 2019

Medical/Dental expenses paid between January 1-December 31, 2018. Do not include expenses covered by insurance or insurance premiums. Total paid must exceed \$3,000.00. **Submit:**

- Parent and student 2016 IRS tax return transcript. If either did not file, please complete the appropriate Non-Filer form and submit with 2016 W-2s.
- Household Member form listing members of your household as of today.
- Complete the table below; you may attach a spreadsheet if you need additional space.
- Attach paid receipts documenting the medical/dental expenses that you paid in 2018 and were not covered by insurance. Do not include insurance premiums or unpaid bills.

Natural disaster expenses paid between January 1-December 31, 2018. Do not include expenses covered by insurance or other agencies. **Submit:**

- Parent and student 2016 IRS tax return transcript. If either did not file, please complete the appropriate Non-Filer form and submit with 2016 W-2s.
- Household Member form listing members of your household as of today.
- Complete the table below; you may attach a spreadsheet if you need additional space
- Explanation of the natural disaster (i.e. flood, earthquake, fire, etc.) including date.
- Copy of insurance appraisal and police report (if filed)
- Proof of expenses *paid* for repairs in 2018 and not reimbursed by insurance

The Financial Aid Office must verify the original 2016 tax information before updating your FAFSA to your 2018 information. All documentation must be provided before your review request will be processed. If you have other extenuating circumstances we should consider, please contact our office for additional information. For new students to Mines, we can provide estimates of award changes with appropriate documentation. We will not make FAFSA changes until the student has committed to attending Mines. This is to prevent FAFSA complications for you and other institutions.

Receipt Number	Provider Name	Total Expenses	Amount Covered by Insurance	Amount Paid in 2018
1				
2				
3				

I certify that the information provided is true and that false or misleading information will be cause for repayment of financial aid funds received. Due to limited funding, approval of a Contribution Review does not guarantee that additional funds will be awarded.

Parent Signature: _____ Date: _____