Child care expenses/elementary/secondary school tuition may qualify for an exceptional circumstances appeal, and may allow re-evaluation of individual student aid eligibility. Our first priority is to deliver aid to students based on their initial eligibility. Your FAFSA must be complete with accurate 2014 tax, income, and family information. Review of exceptional circumstances will take place after (1) you complete a 15/16 FAFSA and (2) you receive an initial aid offer from CSU, Chico and (3) submit all required documentation including verification information if required.

We recommend that you accept your initial award offer including loans, and plan to cover costs from your current aid package, summer employment, and family resources. Review annual loan eligibility at www.csuchico.edu/fa/typesOfAid/loans/types/index.shtml. Submit a Stafford or PLUS application to request additional loan. If a re-evaluation qualifies you for more advantageous aid programs, your award will be adjusted. Appeals submitted in Summer 2015 will be evaluated after the fall semester begins. You will receive notice of our decision sent to your mailing address on your Student Center.

Read instructions and complete this form with all requested information. If you plan to complete more than one appeal, submit all appeals and documents at one time. Incomplete appeals will not be processed.

- Attach a personal statement explaining your child care expenses/elementary/secondary school tuition.
- Complete the following table. Attach supporting documents as described below:

My child care expenses/elementary/secondary school tuition for 2015/2016 academic year, while I attend CSU, Chico, is as follows:
(Expenses must conform to the CSU, Chico student’s period of attendance.)

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DOCUMENTATION: Provide documentation for child care expenses/elementary/secondary school tuition for the period August 2015 through May 2016. Documentation must reflect expenses for the period you are requesting additional aid.

CHILD CARE EXPENSES: (Check type of documentation provided.)
- Attached is a copy of my care provider contract or copies of my cancelled checks.
  I pay a total of $___________ per month/year (circle one).

OR
- The care provider completes information below:

  Care Provider Name (please print)  Address
  Care Provided from ____/____/____ through ____/____/____  Amount Charged $___________ per week/month/flat rate (circle one)

I certify the above charges are for child/dependent care provided during the period August 2015 through May 2016 for the student named on the top of this form. I also certify that these charges are true and correct.

Provider Signature  Phone Number  Date

ELEMENTARY/SECONDARY SCHOOL TUITION
- Attached is a copy of my elementary/secondary school contract and/or billing statement.

If you fax any additional documentation, specify that it is for an Exceptional Circumstances Appeal. Print student name and Chico I.D. at the top of all documents.
- My spouse is also a CSU, Chico student. Spouse’s Name: _______________________________  Chico ID: _______________________

I certify the information on this appeal to be complete and accurate. If any of the information changes, I understand I must promptly notify the Financial Aid and Scholarship Office and that I may be responsible for repayment of financial aid received.