



Edward Via College of
Osteopathic Medicine
VIRGINIA • CAROLINAS
AUBURN • LOUISIANA

**Office of
Financial Aid**

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DEPENDENT CARE/SPECIAL CIRCUMSTANCES APPEAL FORM

Student Name: _____

VCOM PID: _____

As an addition to your expected Cost of Attendance (COA), VCOM will consider an allowance for expenses related to dependent care or special and unusual circumstances. "Dependent" in this instance refers to a child or elderly or disabled adult who is living in your household and for whom you provide more than 50% support. A spouse who is not elderly or disabled does not qualify as a dependent. A Dependent Care/Special Circumstances allowance in your COA is **not** automatic. You must request consideration for an increase.

For **Dependent Care Appeals**, complete this form with your dependents listed below. You must also provide proof of your spouse's employment, if you're married, and a statement from your day care provider that states the provider's taxpayer ID number, the child or adult's name for whom the care is being provided, the starting care date, the ending care date, and the established rate. The Financial Aid Office will consider your appeal within the applicable regulations for reasonable costs for this type of care.

Please provide the following information regarding dependents for whom you wish to be considered for a Dependent Care allowance.

Name	Date of Birth	Relationship to You
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For **Special Circumstances Appeals**, contact the Financial Aid Office for more information. The documentation required will vary depending on the nature of your appeal.

**ATTENTION: VCOM IS REQUIRED BY THE DEPARTMENT OF
EDUCATION TO REVIEW, VALIDATE, AND APPROVE
DOCUMENTATION TO INCREASE YOUR COA FOR ANY REASON. IF
YOUR APPEAL IS APPROVED BY VCOM, IT DOES NOT GUARANTEE
YOU ADDITIONAL FUNDING. YOU MUST STILL APPLY AND BE
APPROVED FOR ADDITIONAL LOANS THROUGH A LENDER.**