

Section IV – Attach An Itemized List Of Medical/Dental Expenses Paid During 2008 That Exceeded 7.5% (.075) Of Same Year Adjusted Gross Income. (Note: If you have a lot of bills it is best to separate bills by provider and use a different page for each provider.)

Suggested Format.

Date	Provider	\$ Medical Expense Incurred	Insurance Paid	Student/Family Paid in 2008 - Attach proof of payment
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We encourage you to become familiar with KVCC’s Valley Information Portal (VIP) system. This will enable you to check your financial aid information periodically through VIP for any changes to your financial aid eligibility.

Return the completed appeal form and all attachments to:

Kalamazoo Valley Community College

KVCC Financial Aid Office Use Only

Action taken:

Appeal Approved _____ **Appeal Denied** _____ **New EFC #** _____

Used professional judgment in reviewing appeal. Approved appeal due to unusual medical/dental expenses paid by the student and student’s family in 2008. The following adjustments were made to the ISIR:

FAO Signature _____ Date _____

<p>Kalamazoo Valley Community College Financial Aid Office — Texas Township Campus — Room 4530 — 6767 West O Avenue P.O. Box 4070 — Kalamazoo, MI 49003-4070 — Phone: 269-488-4340 — Fax: 269-488-4120 E-mail address: finaid@kvcc.edu — Web site: www.kvcc.edu</p>
