

Office of Financial Aid
& Scholarships

**Expected Family Contribution (EFC) Appeal
Itemized Out-of-Pocket Medical Expenses**

Student's Name: _____ Perm Number: _____

Instructions:

- Review the EFC Appeal Guide that is on the [Appeals](#) section of our website.
- Initiate the EFC Appeal on [UCSB Verify My FAFSA](#).
- Label each billing statement and payment receipt for each bill in chronological order and by person.
- Upload this form as supporting documentation along with a signed 2018 tax return. Include Schedule A if applicable.

	Company Name	Patient Name	Date of Occurrence	Billing Statement Amount Owed	Attachment Number	Out-of-Pocket Amount Paid	Attachment Number
Example:	UCSB Student Health	Jane Doe	01/01/2018	\$1,000	1	\$1,000	2
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Total:					Total:		

Additional Comments: