DEPENDENCY STATUS APPEAL FORM

Name __________________________ Student ID# _____________ Date of Birth ___/___ /___
Current address: _______________________________ Phone: __________________

The Higher Education Act allows an aid administrator to make dependency overrides on a case-by-case basis for students with unusual circumstances, which clearly show them to be independent of parental support.

What this means to you: Generally, the only reasons we may consider for a dependency override before age 24 would include that of abuse and/or abandonment. Appeals based upon abandonment must state how long the student has had no contact from both biological parents.

What you must do now: Please submit a written statement outlining the specific reasons why you should be considered for a Dependency Status Appeal, including signed and dated documentation from a third party organization such as the Department of Social Services or an order from the Court. An updated statement is required each year until the student is 24 years old or meets another dependency test on the FAFSA.

Be advised, these reasons do not qualify for an override, even if more than one apply:

1) Parents refuse to contribute to the student’s education;
2) Parents are unwilling to provide information on the FAFSA or for verification;
3) Parents do not claim the student as a dependent for income tax purposes;
4) Student demonstrates total self-sufficiency.

Please provide a detailed statement below of the unusual circumstances (attach another page, if necessary):

____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________

By signing below, I certify that all of the information on this form and in my written statement is true and complete to the best of my knowledge.

Signed: _________________________________________ Date submitted: ______________________
Financial Aid Use Only: Date Received__________________  

Please note: It may take up to one month to receive an answer in writing from the date received. The Financial Aid Officer’s decision is final, and not subject to appeal. Answers will be given in writing, either via mail or email. Check your student email account on a regular basis in case we need more information. If you do not respond to a request in a timely manner, unfortunately we have no choice but to deny the request.