

DEPENDENCY STATUS APPEAL

NAME _____ SSN _____

FAILURE TO COMPLETE ALL PARTS OF THIS APPEAL WILL RESULT IN DENIAL

1. Explain the extenuating circumstances that make it impossible for your parent(s) to provide financial information necessary to complete the Free Application for Federal Student Aid (FAFSA). (use back of this form if necessary; attach two notarized written statements from two professional adults whose aware of your situation)

2. Explain how you are meeting your living expenses without parental assistance. (use the back page of this form if necessary; Please attach income documentation)

3. Provide the following information on two adults, **other than your professional references**, who can be contacted to verify your financial and living situation:

Name	Relationship	Address	Phone No.

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION FOR INDEPENDENT STATUS, INCLUDING THE PERSONAL STATEMENT AND DOCUMENTATION, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE NOT KNOWINGLY OR INTENTIONALLY PROVIDED ANY FRADULENT DOCUMENTATION. I UNDERSTAND THAT IF I AM FOUND TO HAVE KNOWINGLY OR INTENTIONALLY GIVEN FALSE STATEMENTS OR FRADULENT DOCUMENTATION, MY APPEAL WILL BE DENIED AND THAT MY ELIGIBILITY FOR FINANCIAL AID MAY BE TERMINATED; AND ANY FINANCIAL AID I MAY HAVE RECEIVED WILL HAVE TO BE PAID BACK.

Signature _____ Date _____

OFFICE USE ONLY

Committee Review: _____ Approved _____ Denied _____ Date _____

Reason or Denial: _____