

## 2024-2025 DEPENDENCY APPEAL

Student Name (please print)

Phone Number (including area code)

Campus ID Number

### Who should submit this form?

Dependent students who do not meet the federal criteria for “independent” status as outlined on the Free Application for Federal Student Aid (FAFSA) but who would like to have their unique family circumstances reviewed to determine if they qualify to be considered an independent student for financial aid purposes should submit this form. **Note: If your dependency appeal was approved in previous years, there is no need to resubmit your supporting documentation. Please provide the Office of Scholarships and Financial Aid a statement explaining your current situation.**

### When should this form be submitted?

Submit the 2024-2025 Dependency Appeal form **at minimum four to six weeks** before the start of the semester. Incomplete appeals will result in a delay in processing. **Note:** Late submission of the form may result in a loss of federal financial aid if the deadline to process aid eligibility for the term has passed.


### What circumstances qualify for a dependency appeal?

Circumstances that may qualify for a dependency appeal include but are not limited to if you are estranged from your parents due to abuse, family alcoholism, drug abuse or other unusual circumstances beyond your control. Third party documentation is required. Please see the “**Required Documentation**” section below.

## Required Documentation

- Complete and sign the 2024-2025 FAFSA** available at [StudentAid.gov](https://studentaid.gov). Due to your parents’ information missing from your application, the FAFSA Processing System (FPS) may retain and assign your FAFSA the status “Rejected” and forward it to the Office of Scholarships and Financial Aid for review.
- Attach your Personal Statement** which includes **all** of the following information:
  - A detailed explanation of your current relationship with each of your parents. If you are estranged, provide details of the circumstances that caused the estrangement.
  - The date on which you last spoke with each of your parents.
  - Indicate where you are currently living and if you live with someone other than your parents.
  - Indicate how you are able to pay for living expenses such as rent, groceries, and utilities.
- Attach Supporting Documentation** which substantiates the reason(s) for your dependency appeal request.
  - **Two signed letters verifying the reasons for your dependency appeal request.** These letters should come from responsible adults (e.g. high school or college counselor, social service agency official, pastor or clergy member, mental health professional, law enforcement officer, teacher, etc.). They must verify the family circumstances you described in your personal statement. If the letters are from an outside office/agency, they must be on official letterhead stationery.
  - Documentation to confirm that a parent is deceased, institutionalized, or incarcerated, if applicable.
  - Documentation confirming protection/restraining order that prohibits you from having contact with your parents, if applicable.
  - Other legal documentation that explains why parent(s)’ information should not or could not be obtained for your financial aid file.

## Certification and Signature

 **SIGNATURE REQUIRED:** I certify that the information I have provided on this form and on all documents is true and complete to the best of my knowledge. If requested, I agree to provide additional supporting documentation.

Student Signature (Handwritten Required **OR ELECTRONIC SIGNATURE USING GLOBAL ID**) Date