## **Dependency Appeal**

(to be completed by student)



| Student Name                             |                   | Student ID                           |          |
|--|-------------------|--------------------------------------|----------|
| am requesting that I be considered indep | pendent when dete | rmining my eligibility for financial | aid.     |
| ly reasons for this request are detailed | below:            |                                      |          |
|  |                   |                                      |          |
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|  |                   |                                      | 7 //     |
|  |                   |                                      | 7        |
| tudent Signature                         |                   | Date                                 |          |

\*Supporting statements from objective third party with knowledge of the above situation must be attached.

## Dependency Appeal – FAA Worksheet





| Student Name   | Student ID                               |
|--|--|
| Whereabouts of father  |  |
| Whereabouts of mother  |  |
| Did or does student have a legal guardian (must attach legal guardian) | ardianship papers from court) 🗖 Yes 🗖 No |
| If yes, when does guardianship expire?                                 |  |
| What is student's means of support?                                    |  |
| How long has student been living on his/her own?                       |  |
| Does student receive financial assistance from anyone els              | se?                                      |
| If so, from who and how much?  |  |
| Other pertinent information  |  |
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| EST  | 1909                                     |
|  |  |
| Submitted by   | Date                                     |

## Dependency Appeal – Professional Judgment Decision





| pose of determining eligibility on is noted below:                     |
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| dent as Independent for the purpose sed on the attached documentation. |
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