



Department of Student Financial Assistance
 1906 College Heights Blvd. #11018, Bowling Green, KY 42101-1018
 Phone 270-745-2051 FAX 270-745-6586

APPEAL FOR INDEPENDENT STATUS
Award Year _____

Name (Please Print Clearly) _____

Student ID _____ OR SS# _____

Date of Birth ____/____/____ Phone Number _____

Current Address (Please Print Clearly) _____
 _____ Street
 _____ City _____ State _____ Zip _____

Federal Financial Aid Regulations assume that the family has primary responsibility in meeting the educational costs of students. However, there are unusual circumstances when students should not be considered as dependent. If you feel that you have an unusual circumstance please submit the appropriate documentation to the Department of Student Financial Assistance.

The following reasons individually or in combination are not grounds for Dependency Override:

- 1) Parent refuses to contribute to the student’s education
- 2) Parent is unwilling to provide documentation for the FAFSA application or verification process
- 3) Parent does not claim the student as a dependent on their federal income taxes
- 4) Student demonstrates total self-sufficiency

In your written appeal, you should address the following items:

- 1. Describe the last time you had contact with each of your parents – when, where, and the nature of the contact and provide the current location of **both** your parents.
- 2. Explain what unusual circumstance you feel makes you an independent student.
- 3. Describe how you have been self-supporting: a) when did you start meeting your expenses without parental support, and b) how have you provided support for yourself?

In addition to your letter you must,

- 4. Provide letters from **two responsible adults** who are aware of your situation. **At least one letter must be on letterhead and be from a guidance counselor, physician, teacher, social worker, clergy person or other who has been involved in the circumstances in a professional capacity.** All letters need to **include a telephone number and address where the individual can be reached for follow up questions.** Copies of appropriate documentation are acceptable to support your petition (i.e. court documentation of incarceration, death certificate, etc.)
- 5. Return this appeal form along with the required documentation to our office at the above address.

Note: Failure to provide the required documentation will cause a delay in your appeal being reviewed.

<i>I certify that the information provided in this appeal is true and correct.</i>	
_____ Student Signature	_____ Date

DO NOT WRITE ON BACK OF FORM
FOR OFFICE USE ONLY

Comments/Questions: _____

Signature of Committee Member

Signature of Committee Member

Signature of Committee Member

Signature of Committee Member

Signature of Committee Member

Attached documentation has been reviewed and the following decision reached.

Appeal Approved

Appeal Denied