

Financial Aid Appeal:

Unusual Circumstance

Determining Eligibility



Please review the following information BEFORE submitting this form to the Office of Financial Aid.

Federal Student Aid (FSA) programs are based on the premise that you and your parents bear the primary responsibility for financing your education. The Department of Education allows Financial Aid Administrators to use professional judgment when situations exist where extenuating circumstances prevent a student from obtaining the required parental information.

The following reasons DO NOT qualify:

- You support yourself without assistance from your parents
- Your parents do not claim you on their federal tax return
- Your parents cannot afford, or refuse to help with college or living expenses
- Your parents are not willing to provide their information (see **Parental Refusal Form**)
- You do not live in your parents' home
- Your parents live in another part of the state, out-of-state, or out-of-country

The following reasons may qualify, with acceptable supporting documents:

- Death of parent
 - Copy of death certificate or obituary
 - If student and parent have different last names, provide a copy of the student's birth certificate
- Abusive family environment
 - Copy of police report or court documents
 - Notarized statements
- Parent(s) whereabouts are unknown
 - Third-party statements must specify that parent(s) whereabouts are unknown
- Other unusual family circumstances (parental drug abuse, incarceration, etc.)
 - Copy of court documents, police reports, or other supporting documents

Notes:

- There is no guarantee that your request will be approved.
- If denied, parental data will be required for your 2025-2026 FAFSA.
- Decisions are final and cannot be appealed to the Department of Education.

Financial Aid Appeal:

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Student ID# _____

Name: _____



This appeal is used to override a student's dependency status for the 2024-2025 academic year, due to an unusual circumstance that prevents the student from obtaining the parental information required on the FAFSA. Please provide a personal letter and the appropriate supporting documentation. Additional documentation may be requested. Incomplete appeals will be denied.

Personal Statement

Write a personal letter to explain the reason for requesting a dependency override. Provide as much detail as possible to describe your separation from your parents. You are required to include the following information about each parent:

- What is the nature of your relationship with your parents?
- What is the location of both of your parents, and when did you last have contact with them?
- What have been your living arrangements over the past year(s)? Where do you live when not in school?
- Who has provided for you financially?

Supporting Documentation

Provide two forms of supporting documentation. The documentation could be legal support, or a letter from a professional third-party who knows your situation. In cases where this is not available, **one** of the required documents can be a signed, dated, and notarized statement from family and/or friend. Please indicate your methods of support:

<input type="checkbox"/> Custody Documentation	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Therapist/Counselor/Psychiatrist
<input type="checkbox"/> Teacher/Professor	<input type="checkbox"/> Court	<input type="checkbox"/> Other Health Professional
<input type="checkbox"/> Guidance Counselor	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Clergy
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Attorney	<input type="checkbox"/> Family and/or Friend (see Notarized Statement Form)

Supplemental Information

		Expenses	Monthly Amount	Paid By:
Did you earn income in 2022?	<input type="radio"/> Yes <input type="radio"/> No	Housing	\$	
Did you file a tax return in 2022?	<input type="radio"/> Yes <input type="radio"/> No	Utilities	\$	
Did you earn income in 2023?	<input type="radio"/> Yes <input type="radio"/> No	Food	\$	
Did you file a tax return in 2023?	<input type="radio"/> Yes <input type="radio"/> No	Medical/Dental	\$	
Does a parent provide your health insurance?	<input type="radio"/> Yes <input type="radio"/> No	Auto	\$	
		Phone	\$	
		Total	\$	

I certify that the information provided within this appeal is true and complete to the best of my knowledge. I authorize the Office of Financial Aid to verify any of the information within this appeal. **I understand that if my situation changes in any way, if I move back with my parents or receive any kind of support from them, that I must report this information to the Office of Financial Aid.**