

INDEPENDENT STATUS APPEAL FORM



FRIENDS
UNIVERSITY

2100 W. University St. • Wichita, KS 67213

Name: _____

SS#: _____

Section 480(d) of the Higher Education Act of 1965, as amended (HEA), defines an independent student as someone who fits into one or more of six specific categories. Under these categories a student is independent if he or she -

- (1) Is 24 years of age or older by December 31 of the award year;**
- (2) Is an orphan or ward of the court or was a ward of the court until the individual reached the age of 18;**
- (3) Is a veteran of the Armed Forces of the United States;**
- (4) Is a graduate or professional student;**
- (5) Is a married individual; or**
- (6) Has legal dependents other than a spouse –**
 - a. Have children who receive more than half their support from you.**
 - b. Have legal dependents who live with you and receive more than half their support from you.**

If you do not qualify as an independent student under federal guidelines and believe that you have unusual circumstances that justify a review, then you may appeal. The financial aid administrator will review your request and documentation, and determine if a change is warranted.

Federal definition has determined your dependency status as “dependent.” Completion of this form initiates your request to have your situation and documentation reviewed.

Circumstances which do not qualify as unusual are:

- 1. Student demonstrating total self-sufficiency;**
- 2. Parents refusing to contribute to the student's education;**
- 3. Parents unwilling to provide information on the application or for verification;**
- 4. Parents not claiming the students as a dependent for income tax purposes.**

The following is a suggested list of documentation needed to begin the appeal process.

Additional documentation may be requested, if needed:

1. Personal letter explaining independent status. Describe family circumstances including dates, time frames, living arrangements and other information.
2. Third party statement from someone familiar with your situation such as a counselor, minister, mental health counselor, attorney, etc.
3. Copy of federal tax forms from the previous year.
4. Other appropriate documentation.

Please call 295-5200 or (800) 794-6945, ext 5200 if you have any questions.

All of the information provided for this appeal is true and complete to the best of my knowledge.

Student Signature _____

Date _____

Office Use Only

Professional Judgment Dependency Override

(All Documentation must be received prior to review of request)

Criteria:

- 1) Student must be able to provide documentation that contact with his/her parent(s) would be detrimental to their physical or mental well being. Parents can not be located and/or abandonment occurred.

Needed Documentation:

- 1) Letter or letters from a professional – other than a family member who is familiar with the student's situation.

Received _____ Reviewed _____

- 2) Income taxes for the prior two years.

Received _____ Reviewed _____

- 3) Other documentation

Received _____ Reviewed _____

- 4) Dependency Override Request Form

Received _____ Reviewed _____

Approved: _____ **Denied:** _____

Determination: _____

Reviewed by: _____

Date: _____ Letter Sent _____