

Please Print

Name _____ Social Security number _____

Home Address _____

City _____ State _____ ZIP _____

Phone (_____) _____ Anticipated graduation date _____

Current e-mail address (used frequently) _____

Dependency status for financial aid purposes is typically determined by answers given to the questions in the dependency sections of the Free Application for Federal Student Aid (FAFSA). However, a student who was initially classified as a dependent student may still be considered as an independent student for financial aid if unusual circumstances exist.

The following are **NOT** circumstances which may be considered to change a student's dependency status:

- The student has been supporting himself/herself for a time
- The student had been supported by other relatives or friends for a time
- The student does not live with his/her parents
- The student is angry with the parents (or the parents are angry with the student) and wishes not to speak to them
- The parents are able but unwilling to provide their information
- The parents are living in another country

Situations that Trine University may consider are as follows:

- Abusive family environment (e.g., sexual, physical, or mental abuse or other forms of domestic violence)
- Abandonment by parents
- Incarceration or institutionalize of both parents
- Parents lacking the physical or mental capacity to raise the child
- Parents whereabouts unknown or the parents cannot be located
- Parents hospitalized for an extended periods
- Unsuitable household (e.g., child removed from the household and placed in foster care)

Please read through the entire list of requirements before starting the appeal, as a dependency override is not taken lightly by the Department of Education. The review procedure is a lengthy process, requiring time and extensive, detailed documentation. If you (the student) believe that you might qualify for a dependency override, you must complete the following process to determine your eligibility. Your parent's unwillingness to pay for your educational costs does not warrant any override and will not be approved.

Provide this completed form along with third party documentation that can collaborate on the facts that you presented. They must provide a statement and contact information so we can reach them.

You will be notified of the decision by e-mail. Processing your request may take up to 30 business days.

Instructions:

Please provide the following information. Everything we receive will be kept confidential and will not be returned or made available to you in the future.

Is your mother living? Yes No Is your father living? Yes No

Are your biological parents still married to each other? Yes No

If not, what year did they separate/divorce? _____

Where does your mother live? _____

Where does your father live? _____

Are your parents permanent residents of the USA? Yes No

Which parent did you live with last? Mother Father

When did you move out of your parent's home? *Month/Year* _____

When was the last time you had any contact with your parents? *Month/Year* _____

When did your parents provide any form of support? *Month/Year* _____

Current employment records need to be attached along with pay stubs and bank statements

Explain who you live with, since when, and how much rent you pay each month

How do you support yourself and meet your living expense?

Please explain the circumstances involving your parents' inability or unwillingness to support you. Attach a separate sheet of paper if necessary to provide all additional information you feel supports your request to be considered and independent student.

Dependency Status Appeals are largely subjective and dependent upon the strength of the documentation submitted. The following list offers examples on the type of documentation that can be submitted. If you do not meet the definition of an independent student, but still feel there are circumstances that warrant being considered independent of your parents, please use the following guide for supplement information that should accompany your appeal. Upon receipt of your documentation it may be necessary to request additional information to clarify or supplement information already submitted. You will be notified if additional information is necessary.

Your current employment records need to be attached along with pay stubs and bank statements.

The following are some examples of special circumstances documents that could be considered for an appeal. Please note that this is not an exhaustive list. You may always include additional information to further explain your basis for appeal.

*The following are suggestions for acceptable professional sources: Minister, Doctor, Attorney, Counselor/Therapist,

Appealing based on	Documentation
Parents (s) incarceration	Documentation of the incarceration. This documentation should include the time period of incarceration. For your convenience federal inmate status information is available online at bop.gov. This information will be accepted as part of your appeal.
Abusive family environment	Court documentation or police reports, and two (2) letters of support from a counselor or other professional source*.
Abandonment (and you have not been adopted)	Letter from high school guidance counselor and letter from one professional source*.
Supporting parent (s) are deceased and/or you have no contact with your supporting parent.	Copy of death certificate and letter or document from one professional source*.

*Teacher/Professor, Employer/Supervisor, University administrator, or Caseworker.

Third party letters must include your name, their name, signature, job title, address, and telephone number. Any letter submitted as documentation should be on letterhead or notarized if letterhead is not available. It should include the following:

- The length of time and the nature of the writer’s relationship to you
- The reason why you cannot provide your parents’ information on the FAFSA

I CERTIFY THAT ALL THE PROVIDED INFORMATION AND ATTACHED DOCUMENTATION ARE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FURTHER I UNDERSTAND THAT IF I MOVE BACK WITH MY PARENTS OR RECEIVE ANY SUPPORT FROM THEM, I MUST REPORT THIS BACK TO THE FINANCIAL AID OFFICE IMMEDIATELY

Student signature _____ Date _____

Please return this form to:

Office of Financial Aid
 Trine University
 Attn: Dependency Status Appeal
 1 University Ave
 Angola, IN 46703

finaid@trine.edu
 Fax: 260.665.4511
 Phone: 800-347-4878 option 3