



STUDENT INFORMATION

Unusual Circumstances (Dependency) Appeal Form

FCXXADEP

The basic premise of federal financial aid is that students and parents have the primary obligation to finance post-secondary education to the extent that they are able. This form is to be used by those financial aid applicants who are seeking a review of their dependency status based upon circumstances not addressed in current federal dependency definitions.

[Note: if you have the official documentation for any of the following please turn it into the Office of Financial Aid and do not complete this form: Legal guardianship, Official homelessness liaison documention, Ward of the court, or Emancipation]

The information requested on this form will be reviewed by the Office of Financial Aid. All supporting documentation should be attached to this form.

Name _		Student ID
REQUI	RED	STEPS
1.	Collect documentation. Submit appropriate third-party documentation from a professional (counselor, physician, lawyer, clergy, etc.) which verifies your estrangment from your parents or your parents' unavailability to help you in this application process. NOTE: Appeals submitted without appropriate third-party documentation will not be reviewed. Depending on your situation, below are examples of documentation we would need to review:	
	-	Mental/Physical Incapacitation – you will need to submit any official documentation showing your parent(s) are not mentally or physically capable of assisting with finances for you; and a signed and dated statement from you of the situation.
	-	Incarceration – you will need to submit your signed (and dated) statement about your situation; and submit the court order or official federal or state documentation that your parents or legal guardians are incarcerated.
	-	Other – you will need to submit your signed (and dated) statement about your situation, and submit third party documentation based on your situation.
2.		bmit all required documentation. Submit third-party documentation to the Office of Financial Aid as soon as possible after reipt of your letter of ineligibility.
		You will be notified in writing, via Edison State email, regarding any decision on your appeal.
CERTII	FICA	TION
		e confirms that the information provided on and with this form is complete and accurate to the best of my knowledge. I have not knowingly or intentionally provided any false or fraudulent information.
Studen	t Sigı	nature Date
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