

**MARYGROVE COLLEGE
2014-2015 DEPENDACY APPEAL FORM**

Student Name _____ **Student Number** _____

The outcome of your appeal will be sent to your Marygrove College email account.

Independent students must be able to answer "yes" to at least one of the following:

1. 24 years of age by January 1, 2014 of the aid year.
2. Have been admitted to a graduate degree program.
3. Are married as of the date the FASA was filed.
4. Has children receiving more than half of their support from the student.
5. Have legal dependents (other than spouse or children) receiving more than half of their support from the student.
6. Orphaned or ward of the court or in legal guardianship.
7. Was adopted or in foster care at the age of 13 years.
8. Veteran or active duty service person in the US Armed Forces.

Students may have situations that warrant the intervention of the financial aid officer in determining their dependency status. You have the right to appeal your dependency status if you believe you have a unique circumstance. Unique circumstances generally include, but are not limited to, third party documentation of parental abuse, neglect or abandonment. Unique circumstances do not include:

- Your parents' inability, unwillingness or refusal to assist with your college expenses.
- Your parents no longer claiming you on their tax return.
- You no longer live with your parents.
- You want to pay for your education without assistance from your parents.

ALL of the following must be submitted for appeal of your dependency status. PLEASE ALLOW 2-4 WEEKS TO REVIEW.

___ 2014-2015 FAFSA (check if completed) if you haven't already done so, please file your FAFSA at www.fafsa.ed.gov to the best of your ability.

___ Complete 2014-2015 Dependency Appeal Form.

___ Letter explaining unique circumstances.

___ Complete the following statement: I am currently living with _____

___ Student sources of income (attach statements of all applicable). Check all that apply

___ Social Security benefits

___ Welfare

___ Employment 2013 W2 form(s)

___ Full time student living off financial aid

*Other _____ (attach proof)

___ **Student 2013 IRS Federal Income Tax Transcript, if applicable.**

___ At least two (2) pieces of third party documentation of unique circumstances on official letter head (check all that apply)

Legal Guardian

Case-worker

Clergy

School counselor

Court Documentation

Therapist

Physician

Other _____

Student Signature: _____ Date: _____