

2009-2010

Dependency Appeal Request

Email: finaid@lewisu.edu



Student Name: _____ **Student ID Number:** _____

Email Address: _____ **Phone Number:** _____

What is a Dependency Appeal?

The Office of Financial Aid Services defines a Dependency Appeal as a petition for independent status due to one of the following unusual circumstances:

- Abandonment
- Abuse
- Neglect
- General threat to student health/safety causing removal from parent's home
- Parent incarceration or mental illness
- Other sufficiently documented extenuating circumstances

If none of these situations apply to you, please contact Financial Aid Services to discuss your specific situation before completing this form.

Please note—The following circumstances are not sufficient for dependency override:

- Parental unwillingness to give information or financial help to the student
- Whether or not the parent(s) claim the student on their federal tax return
- Whether or not the student lives with the parent
- Whether or not the student pays all their expenses

What documentation will I need to verify my situation?

Please submit the following required documents, along with this form:

- 1.) Letter explaining your specific situation
- 2.) Letter from a professional individual, not related to you —counselor, social worker, teacher, pastor.
- 3.) Letter from friend or family member

Note: letters must be detailed and specifically describe extenuating circumstance

- 4.) Last paycheck stub
- 5.) W-2s (2007 & 2008)
- 6.) Signed Federal Tax Return —2007 & 2008 (Parents' and Student's)
- 7.) Insurance
- 8.) Lease

WARNING: Penalties for purposely giving false or misleading information on this form can include fines, jail time, or both.

What will happen once the Dependency Appeal form is completed and all of the required documentation has been received?

Financial Aid Services will review all documentation and make a decision on the course of action to be taken, if any. **Please note—this review process will not occur until: October for the Fall semester, February for the Spring semester;** this will allow our office to have a more accurate estimate of current (annual) income.

Signature—by signing this form I affirm that all information provided with this form is true and correct.

Student Signature

Date