

**ANTIOCH COLLEGE
DEPENDENCY STATUS APPEAL FORM**

PLEASE PRINT

Name: _____ **SS#** _____
Address: _____ **Phone #** _____
_____ **E-mail** _____

Federal regulations assume that the family has primary responsibility for meeting the educational costs of students. If you are considered a dependent student according to the financial aid definition, your aid eligibility is determined by using parent income and asset information in addition to your own. To be considered for financial aid, dependent students are required by law to provide parental information and signatures.

If dramatic circumstances exist between you and your parents(s) that have disrupted the normal parent/child relationship and have forced you to become financially independent of your parent(s)--you may be granted an exception by the Financial Aid Office. You must be able to document these circumstances. **A statement from parents indicating their unwillingness to assist with your college costs is NOT considered an adequate reason for granting an exception.**

Your appeal must include the following information (attach separate sheets to this form):

1. Identify the present location of both your parents (if known).
2. Describe the last time you had contact with your parents—when, where, and nature of the contact.
3. Explain the unusual circumstances that exist between you and your parent(s) that have caused the normal parent/child relationship to be severed. A detailed explanation of the cause, time, and nature of the rift must be included.
4. Describe how you have supported yourself and when you became responsible for your own expenses.
5. Attach two letters of reference from counselors, ministers, social workers or other responsible adults who can attest to the specifics of your special circumstances. One letter may be from a relative or friend, but at least one must be from a person familiar with your situation in a professional capacity. That letter should be written on official letterhead. Copies of appropriate court documents are acceptable to support your appeal.
6. If you have had an Appeal for Independent Status approved in a prior year, simply attach a signed statement and one letter of reference verifying that the situation has not changed.

I certify that the information provided in this appeal is true and correct.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Reasons for Decision: _____ **Approved** _____ **Denied** _____

Reviewed By: _____ **Date:** _____