



## 2018 - 2019 Petition for Independent Status

Read the information below before completing this form.

Student's Name: \_\_\_\_\_  
Last First Samford ID#

### INDEPENDENT STATUS DEFINITION:

The federally mandated formula used to determine your financial need is based on the premise that your family has the primary responsibility to pay for your education. When applying for financial aid, the federal government has established specific standards to determine who qualifies as a dependent or independent student. To be considered independent for financial aid purposes, you must meet at least one of the following conditions:

- You were born before January 1, 1995.
- You were a ward of the court since age 13, or both parents are deceased.\*\*
- You are a veteran of the US Armed Forces or on active duty (not training).\*\*
- You are married.\*\*
- You have a legal dependent other than a spouse for whom you provide at least 51% of their support.\*\*
- You are enrolled in a graduate or professional program.
- You are or were an emancipated minor as determined by a court.\*\* • You are or were in legal guardianship as determined by a court.\*\*
- You were determined to be an unaccompanied youth who was homeless since July 1, 2016.\*\*

*\*\*Official documentation required*

### APPEAL PROCEDURES FOR EXTENUATING CIRCUMSTANCES:

If you do not meet any of the conditions outlined above, you may appeal if you believe you have extenuating circumstances. The US Department of Education has identified four conditions that individually or in combination do **NOT** merit a dependency override. Those circumstances are:

- You are self-supporting.
- You are not claimed as a federal income tax exemption on your parent's income tax return.
- Your parents are unable or unwilling to help with college or living expenses.
- Your parents are unwilling to provide their financial information required to complete the FAFSA

The following information will be used by the Office of Financial Aid in reviewing a student's petition for independent status. **You must complete all sections of this form, including answering each of the questions below as requested in order for your appeal to be considered.** Any sections or questions left incomplete or unanswered will cause the form to be returned to you for completion.

1. Identify the location of both of your parents.

Mother \_\_\_\_\_ Father \_\_\_\_\_

2. Were you claimed as a dependent on your parent(s) 2016 tax return?

\_\_\_\_\_ If so, which parent? \_\_\_\_\_

3. **On a separate page**, describe the last time you had contact with each of your parents -when, where, and the nature of the contact. Describe how you have been self-supporting. How are you providing for yourself?

4. Are you covered on anyone's health insurance and/or auto insurance? \_\_\_\_\_ If **not**, attach a photocopy of your insurance card or statement showing coverage.

5. You must provide signed statements from two responsible adults who are aware of your situation and can attest to the claims made in this appeal. They must include contact information where they may be reached either by phone or email. At least one statement must be from someone who is not a relative - this may be a counselor, social worker, clergy, etc. You may also submit other supporting documentation you deem appropriate.

I certify that the information listed on this form and all supporting documents concerning my request for a dependency override is correct and complete. Any false information knowingly provided will be viewed as if it was provided on the US Department of Education's Free Application of Federal Student Aid. Any information provided that is knowingly false will be turned over to US Department of Education for action.

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Student's Signature

Date

*Please note: The Financial Aid Administrator's decision is final and cannot be appealed to the Department of Education or any other entity at Samford University.*

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For Office of Financial Aid Office use only

Approved per professional judgment \_\_\_\_\_ Denied \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

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