Federal financial aid 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 federal financial aid definition, your aid eligibility is determined by using parent information in addition to your information. Dependent students are required by law to provide parental information and signature to be considered for financial aid.

If you meet at least one of the following criteria, you are considered an independent student:

- Born before January 1, 1996;
- Married;
- Enrolled in a graduate or professional degree program (beyond a bachelor's degree) in 2019-2020
- A veteran of the Armed Forces (or serving on active duty);
- Have children who receive more than half of their support from you;
- Have dependents (other than your children or spouse) who live with you and receive more than half of their support from you.
- At any time since age 13; both parents deceased, been in foster care or dependent or ward of the court.
- An emancipated minor as determined by a court in your state of legal residence;
- In legal guardianship as determined by a court in your state of legal residence;
- At any time after July 1, 2018 - your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless - the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless - the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.

Occasionally, due to unusual circumstances such as an abusive family environment, students may not be considered dependent. If you can document why you should be considered independent for an unusual circumstance, you may petition for a waiver of federal regulations requiring parental information. Please note that the following reasons are NOT an appropriate basis for an appeal of your dependency status:

- Parents refuse to contribute to the student's educational expenses.
- Parents are unwilling to provide information on the FAFSA or for verification.
- Parents do not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency.

Please note that submitting this request does not guarantee approval of the appeal and that there is no guarantee an approved appeal will result in more or different types of aid awarded to you. Dependency overrides are not automatically renewed each year; if your request is approved and you plan to attend school during a subsequent aid year, you must complete a request form for each new aid year.

Section A: Student Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
</thead>
</table>

| Student ID Number (EMPLID) | Phone Number | Student Email Address |

Section B: Complete the following questions and provide all required documentation. Incomplete submissions will not be considered. Make sure your name and EMPLID number are clearly marked on all attachments.

As of today, are you 18 years of age or older?  ___ Yes  ___ No

Have you previously appealed your dependency status at ESCC?  ___ Yes  ___ No
Provide a narrative detailing the unusual circumstances you believe we should consider in evaluating your request, including how you plan to support yourself and your educational efforts without support from your parents. If additional space is needed, please attach separate paper and be sure to include your name and EMPLID number on the attachment.

_______________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Full name and address for each of your parents.
(Mother) (Father)
Name __________________________ Name __________________________
Address __________________________ Address __________________________

Parental Information:
Did you live with a parent during the 2018 calendar year? _______ Yes _______ No
If no, when did you last live with a parent? __________________________________________
Date of last contact with parent(s) __________________________________________
Do you receive financial support or gifts from your parent(s)? _______ Yes _______ No
If yes, please list the approximate value of support received last year: __________________________________________

Employment History:
Are you currently employed? _______ Yes _______ No
If no, please describe how you meet your current living expenses: __________________________________________
If you are currently employed, please provide a letter from your employer indicating the average number of hours that you work each week and current hourly rate.

Attach statements from two people who are aware of your situation. At least one statement must be from a professional on agency letterhead (examples include high school and professional counselors, social workers, teachers, police and religious leaders). Copies of appropriate court documents are also acceptable. Provide the following information for the two people providing statements.

Name __________________________ Phone number _______ Relationship _______

Name __________________________ Phone number _______ Relationship _______

I am requesting to have my dependency status for financial aid purposes reviewed. My signature certifies that the information in this appeal is true and correct and that I am providing an accurate description of my personal situation. I understand that purposely giving false or misleading information could result in a fine, imprisonment or both as it relates to my reporting information to the U.S. Department of Education. I understand that the Eastern Shore Community College Office of Financial Aid reserves the right to request additional information. I authorize the ESCC Office of Financial Aid to contact the persons named above for additional or clarifying information. I will notify the ESCC Office of Financial Aid if circumstances change.

__________________________________________ __________________________
Student Signature Date

FAA Administrator Use Only:
___ Approved ___ Denied
Signature __________________________ Date
Comments __________________________________________