

Dependency Status Appeal 2023-2024

Student Name:

Student ID:_____

Please complete this form entirely and provide all required documentation. Appeals that do not include the required documentation will not be considered.

As of today, are you 18 years of age or older?	Yes	No
Have you previously appealed your dependency status at ESCC?	Yes	No

Description of Dependency Status

Please provide a detailed explanation of the circumstance that is the basis for this appeal. Include the reason for why you are not able to provide parental information on the Free Application for Federal Student Aid.

Please note that the following reasons are NOT 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.

Parental Information

What is you	ır <u>father's</u> curren [.]	t marital status?	Please circle one:	:			
Single	Separated	Married	Divorced	Widowed	Unknown		
What is you	ır <u>mother's</u> curre	ent marital status	? Please circle or	ne:			
Single	Separated	Married	Divorced	Widowed	Unknown		
Father's Na	me:			Tele	ephone:		
Father's Ado	dress:						
Mother's Na	ame:			Tele	ephone:		
Mother's Ad	ddress:						
						CONTINUED OI	N OTHER SIDE

Parental Information (continued)

Please ans	wer the follo	wing questions:	
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Did you live with a parent during the 2023 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	s:		

Supporting Documentation

- Notarized letter from student detailing your situation, including why parent information cannot be provided.
- 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.
- Please provide at least **two notarized letters** from two separate **third-party** sources confirming your statements regarding your situation. **Examples** of an acceptable third-party source **may** include: counselors or teachers, clergy, community groups, government agencies, medical personnel, courts, or prison administrators, human services agent, homeless shelter administrator, etc. This person should present only the facts and details considered necessary to verify your statements. This should not take the form of a personal recommendation or request for financial aid assistance, but rather should only address the circumstances surrounding your history and current living situation. Letters must be printed on third party agency letterhead. These letters must be notarized and submitted with this appeal.
- Legal documents that support the statements you have made regarding your situation (court documents, death certificate, etc.).

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.

Signature	Date	
FOR OFFICE USE ONLY		
List of Included Items:		
Notarized letter from the student	Yes	No
Court documents granting custody to someone other than the student's parents	Yes	No
Copy of death certificate of student's parent(s)	Yes	No
Two notarized letters confirming student's statements	Yes	No
Independent Student Household Verification form for 2023-24	Yes	No
Student's Federal Tax Transcript for 2021	Yes	No
IRS Statement of Non-filing for 2021	Yes	No
Independent Student Verification of Non-filing for tax year 2021	Yes	No
Reviewed by Coordinator DateDate	_	
Scanned and sent to Central Financial Aid InitialsDate	_	