



**Student's Name:** \_\_\_\_\_

**Student ID #:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Student's Phone Number:** \_\_\_\_\_

**Independent Status Appeal**

Section 480(d) of the Higher Education Act of 1965, as amended (HEA), defines an independent student as someone who fits into one or more of six specific categories. Under these categories a student is independent if he or she-

- (1) Is 24 years of age or older by December 31 of the award year;
- (2) Is an orphan or ward of the court or was a ward of the court until the individual reached the age of 18;
- (3) Is a veteran of the Armed Forces of the United States?
- (4) Is a graduate or professional student?
- (5) Is a married individual; or
- (6) Has legal dependents other than a spouse-
  - A. Have children who receive more than half their support from you.
  - B. Have legal dependents who live with you and receive more than half their support from you.

If you do not qualify as an independent student under federal guidelines and believe that you have unusual circumstances that justify a review, then you may appeal. The financial aid appeal group will review your request and documentation, and determine if a change is warranted. Federal definition has determined your dependency status as "dependent". Completion of this form initiates your request to have your situation and documentation reviewed.

**Circumstances which do not qualify as unusual are:**

- 1. Student demonstrating total self-sufficiency;
- 2. Parents refusing to contribute to the student's education;
- 3. Parents unwilling to provide information on the application for verification;
- 4. Parents not claiming the student as a dependent for income tax purposes.

**The following is a list of documentation needed to begin the appeal process.**

**Additional documentation may be requested, if needed:**

- 1. Personal letter explaining independent status. Describe family circumstances including dates, time frames, living arrangements, and other information.
- 2. Third party statement from a professional that is familiar with your situation. Professionals can include counselor, minister, mental health counselor, attorney, etc.
- 3. Copy of federal tax forms from the prior two years.
- 4. Other appropriate documentation

If you have any questions regarding this document of the appeal process, please contact our office 620-227-9207 or email us at [finaid@dc3.edu](mailto:finaid@dc3.edu)

**Certification and Signatures**

All of the information provided for this appeal is true and complete to the best of my knowledge.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

**For Office Use Only:**

**(All documentation must be received prior to review of request)**

**Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Students File Completed on Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Criteria:**

Student must be able to provide documentation that contact with his/her parent(s) would be detrimental to their physical or mental well-being. Parents cannot be located and/or abandonment occurred.

**Documentation Needed:**

**1. Personal Letter and letter(s) from a professional— other than a family member who is familiar with the student's situation.**

**Received:** \_\_\_\_\_

**Reviewed:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Income taxes for the prior two years.**

**Received:** \_\_\_\_\_

**Reviewed:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Other Documentation**

**Received:** \_\_\_\_\_

**Reviewed:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Dependency Override Request Form Completed**

**Received:** \_\_\_\_\_

**Reviewed:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Determination:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved:** \_\_\_\_\_

**Denied:** \_\_\_\_\_

**Reviewed By:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_