

STUDENT NAME: _____

STUDENT ID #: _____



BIOLA
UNIVERSITY

Financial Aid Office

2012-2013
Dependent to Independent
Student Appeal Form

PURPOSE

This form is used to gather information regarding extraordinary circumstances that warrant the re-evaluation of your dependency status. In order to make exceptions to federal regulations, your appeal must be detailed and accurate, providing government auditors with sound documentation.

POLICIES

This appeal is for students who no longer have any relationship with their parents for reasons such as, but not limited to, removal from home due to abuse, parent incarceration or incapacitation, or parent's whereabouts are unknown. The following circumstances *do not* qualify for appeal: parents refusing to contribute to college education; parents unwilling to provide FAFSA information; student financially independent of parents; parents do not claim student on income taxes.

1. Where do you currently live? With Parents With Relatives On Campus Off Campus

a. Last date you lived at home with your parents (mm/dd/yy): / /

b. If living off campus, how much rent do you pay monthly? \$

2. When was the last tax year your parents claimed you as a dependent on their federal tax return?

3. Has anyone, other than your parents, claimed you as a dependent since the dates mentioned in Questions 1 and 2? YES NO

If YES, who, and for which year(s)? _____

4. Who pays for your medical insurance (list relationship)? _____

5. Who pays for your auto insurance (list relationship)? _____

(CONTINUED ON PAGE 2)

SUPPORTING DOCUMENTATION

Please attach the following documentation to this form.

1. Describe the circumstances of your independence from your parents and the current status of this relationship on a separate page. Be sure to include information as to how you have supported yourself financially for at least the past two years.
2. Attach copies of your federal tax forms for the last two filing years. If a tax return was not filed, you must provide documentation for any income or resources you received (except financial aid), such as W-2 forms or a statement from your employer(s) if payment from your employer(s) was received "in kind" or in cash.
3. Document your extraordinary circumstances and relationship with your parents with the following:
 - a. At least two signed statements from a school or responsible community person such as a teacher, minister, social worker or doctor. Each letter must indicate the writer's professional position, address, daytime phone number, and relationship to you. Please ask each person to document, in their own words, their knowledge of your situation.
 - b. One signed statement from a family member (excluding parents) or close family friend who is intimately aware of the extraordinary circumstances.

UNSIGNED AND INCOMPLETE FORMS WILL BE RETURNED UNPROCESSED.

Please sign and return this completed form to the Financial Aid Office.

Failure to do this will delay your financial aid process.

I verify that the information on this form is true and complete.

WARNING: If you purposely give false or misleading information on this form, you maybe fined, be sentenced to jail, or both.

Student

Date