



Name

Student's ID Number

You are requesting special consideration for independent status in determining your financial aid eligibility. Although you do not meet the federal requirements to be considered an independent student, you believe your particular circumstances warrant our review.

This appeal is appropriate only for those applicants whose adverse family situation was caused by unusual circumstances beyond the applicant's control, such as parental abuse or abandonment. Per the US Department of Education, the following reasons DO NOT merit a dependency override:

- Parents refusing to contribute to the student's education
Parents unwilling to provide information on the FAFSA or for verification
Parents not claiming the student as a dependent for income tax purposes
Student demonstrating total self-sufficiency

In order to evaluate your dependency status, please provide the following information. All information submitted will be held in strict confidence. Incomplete appeals will not be reviewed.

A. Complete and submit the FAFSA

- Online at www.studentaid.gov
Parkland College school code: 007118

B. Personal Statement

Attach a typed, signed, and dated explanation of your unusual circumstance. This statement must include a complete history of:

- Your relationship with BOTH of your biological and/or legally adoptive parents
Specific dates of events that caused your separation from your parents.
Where you have lived since separating from your parents.
How you have supported yourself while living apart from your parents.

C. Third-party Statement

Provide at least one statement from a third-party reference who is not a family member, and who can verify the unusual family circumstance you have described. Third-party references can include a high school counselor, teacher, clergy member, counselor, social worker, physician, child and family service agencies or law enforcement officers.

- Statements should be on official letterhead, detailed and refer to actual events. They should not be reiterations of events you have shared but should reflect the writer's direct knowledge.
Police reports may in some cases substitute for the statement.

D. Residence Information

Please check the appropriate box below:

Where did you live in 2022-2023? [] With Parent [] Without Parent(s)
Where will you live in 2023-2024? [] With Parent [] Without Parent(s)

E. Expenses

For each item listed below, check the appropriate box.

- Did your parent(s) claim you as a dependent on their 2021 federal tax return? Yes No
Will/did your parent(s) claim you as a dependent on their 2022 federal tax return? Yes No
Did your parent(s) provide your health insurance in 2022-2023? Yes No
Will your parent(s) provide your health insurance in 2023-2024? Yes No
Did your parent(s) provide your auto insurance in 2022-2023? Yes No
Will your parent(s) provide your auto insurance in 2023-2024? Yes No

Please indicate who pays for each expense listed in the chart below:

Expenses	Resource (who pays for the expense)
Rent	
Utilities	
Phone	
Food	
Transportation (car payment, insurance, etc)	
Medical (health insurance, medical bills)	

F. Additional Documentation

All documents are required.

- Copy of your current lease or rental agreement or a signed statement from your current landlord verifying tenancy
- Copy of your 2021 Federal tax return or non-filer statement
- Copy of your 2022 Federal tax return or non-filer statement

G. Student Certification

I certify that the information I have provided on this form and all accompanying documentation is true and correct to the best of my knowledge. I agree to submit additional documentation to support my appeal should the Office of Financial Aid and Veteran Services make such a request. I understand that making false statements or misrepresentations could result in a reduction and/or repayment of aid. I understand that the decision of the Dependency Appeal is final and cannot be changed.

Student's Signature

Date

Parkland College ensures equal educational opportunities are offered to all students regardless of race, color, national origin, gender, disability, sexual orientation, veteran/Vietnam veteran era, age, or religion, and is Section 504/ADA compliant. For additional information or accommodations call 217-351-2505.

For Office Use Only:

Dependency Appeal Approved

Dependency Appeal Denied

Signature of Financial Aid Office _____ Date _____