



2020-21 Dependency Prior Year Review

Student Name: _____ BU ID#: _____

I requested a Dependency Appeal for the 2019-2020 academic year and was classified as an Independent Student for federal student aid. I am applying for federal student aid for the 2020-2021 academic year and request the same determination to be considered an independent student.

Check the box which pertains to your current dependency appeal situation:

[] I certify that the circumstances upon which the original Dependency Appeal was reviewed are still applicable. Below is a brief summary on what prevented me from obtaining parental information last academic year.

Student's Signature

Date

CERTIFICATION: Must be provided by third party who is familiar with the situation.

Third party may include: counselor, health care provider, community agency, social worker, law enforcement, clergy member or other adult non relative. Note: Do not include a peer of the student or any Bloomsburg University representative, advisor, teacher or official.

I attest that the information stated above is accurate to the best of my knowledge.

Third Party Signature: _____

Date: _____

Printed Name: _____

Relationship to Student

[] I certify that my circumstances have changed. An explanation of these changes is attached.

Student's Signature: _____ Date: _____

Return Form to: Bloomsburg University - Office of Financial Aid
119 Warren Student Services Center
400 East Second Street
Bloomsburg, PA 17815
570-389-4795 (fax)