

## Dependency Appeal

Federal law assumes that families have the primary responsibility for meeting the educational costs of their students. Students must meet certain federal criteria to qualify for financial aid as an independent student. If you do not meet one of the criteria listed on the FAFSA, you will be evaluated as a dependent student, therefore your parents must provide their income and asset information. If there are extraordinary circumstances that may warrant re-evaluation of your dependency status, you must provide the following information so that your financial aid administrator may make this determination. If your independent status is approved by the Financial Aid Office it will have no bearing on residency decisions made by other offices on campus.

Please note, that parent's refusal to complete the FAFSA, submit their documentation, provide financial support and or your claim of self-sufficiency are not extraordinary circumstances, and cannot be used as a reason for a dependency override.

**Attach the following information to this completed form:**

1. A detailed explanation of your exceptional circumstance. The signed and dated statement must include a complete history of
  - a. Your relationship with your biological and or/ legally adoptive parents along with their current locations.
  - b. Specific dates of events that caused your separation from your parents
  - c. Where you have lived since separating from your parents
  - d. Your sources of income and how you have supported yourself while living away from your parents, and will continue to do while you are in school.
2. Provide supporting statements from at least two adults familiar with your situation.
  - a. At least one of these two adults must be from outside your family. This person could be clergy, a counselor, teacher, court administrator, medical personnel, or someone from a community group or agency.
  - b. Both letters must be signed and dated and those from outside your family must be on agency letterhead. The letters should reflect the writer's direct knowledge of your unusual circumstance.

**Appeals submitted without the above required documentation cannot be considered.**

**Please note: If you are approved for a dependency appeal, your dependency status must be re-evaluated each year until you are meeting the federal criteria, to automatically make you independent.**

**Bloomsburg University reserves the right to revoke your dependency override at any time if conflicting information is presented. If that situation occurs, you will be responsible for any necessary repayment of grants and/or loans.**

By signing this form that I confirm that the information is true and complete to the best of my knowledge. I understand completion of this request does not ensure a change in my dependency status or receipt of additional financial aid. I also understand that making false statements or misrepresentations will result in my request being cancelled. I understand the decision by the Financial Aid Office is final and cannot be changed.

Student Signature \_\_\_\_\_ BU ID# \_\_\_\_\_ Date \_\_\_\_\_

**Return the completed form and supporting documents to:**

Bloomsburg University  
Office of Financial Aid  
119 Warren Student Services Center  
400 East Second St.  
Bloomsburg, PA 17815  
(570) 389-4297- Phone  
(570) 389-4795-Fax