



# Financial Aid Office

2700 Barstow Road, Barstow California 92311  
(760)252-2411x7205 FAX (760)252-6748

## 2017-2018 Appeal to Apply for Financial Aid as an Independent Student

*PLEASE READ THIS FORM CAREFULLY*

Student Information	
B Number	Name
Email Address	Phone Number

You are considered an independent student for Financial Aid purposes if you meet one of the following conditions at the time you complete and sign the 2017-2018 Free Application for Federal Student Aid (FAFSA):

- You will be 24 years old by December 31, 2017 (born **before** January 1, 1994).
- You are married or separated, but not divorced.
- You have legal dependents, other than a spouse or your own children, who live with you and receive more than half their support from you, now and through June 30, 2018.
- You have children who receive more than half of their support from you.
- Both of your parents are deceased, or you are (or were until age 18) a ward/dependent of the court.
- You are a veteran of the U.S. Armed Forces.
- At the beginning of the 2017-2018 school year, you will be working on a master's or doctorate program (such as an MA, MB, JD, PhD, EdD, or graduate certificate, etc.) – If you answer yes to this question you are ineligible to receive Financial Aid at Barstow College.

Note: if you meet one of the above conditions you do not need to complete this form.

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**A. REASONS FOR APPEAL** – Many students feel they are independent because they currently live on their own or because their parents no longer claim them on their income taxes. Others feel they should be considered independent because their parents refuse to provide information on the FAFSA or because their parents cannot afford to help with college expenses. However, these reasons are not sufficient for an appeal. The Financial Aid Office is required by Department of Education regulations to consider parent information for students who are not independent according to the above FAFSA definition. **Exceptions to the Department of Education regulations can only be made when adequate documentation of extenuating family circumstances exists.** Extenuating circumstances are generally defined by students' inability to have contact with their parents. Review the reasons for appeal below and check the one that describes your circumstances. **If none of these circumstances apply to your situation, you do not meet the requirements for a dependency override and should not complete this form.**

- 1) Severe circumstances within your family prevent you from obtaining your parents' financial information. Examples:
  - a) an abusive home situation which is detrimental to your physical or mental well-being
  - b) abandonment by both parents
  - c) history of parental alcohol or drug abuse
  - d) incarceration of the custodial parent(continued on next page)
- 2) Death of a parent after filing the FAFSA and the surviving parent meets one of the conditions listed in number 1.

- 3) You are a non-citizen of the United States of America (who is otherwise eligible to receive Federal financial aid) and your parents currently reside in a foreign country and you are unable to communicate with your parents because of a long-standing political policy or civil unrest in your parent's country of residence.
- 4) You are divorced after being married for at least two years and maintained a residence apart from your and your spouse's parents during the time you were married. You now maintain a separate residence from your parents and pay all expenses from your own income and assets.

**B. PERSONAL STATEMENT AND DOCUMENTATION** – Attach a written personal statement (preferably typed) that completely and explicitly explains the basis of your appeal. Please note that your statement will be used to determine if a dependency exception should be made and the information will be held in the strictest confidence. Make sure the statement is signed and dated. Attach at least two acceptable sources of documentation that are listed below according to the reason for your appeal.

**If you checked reason #1, provide two or more of the following acceptable sources:**

Signed statements from two adult professionals who are not family members that verify the family circumstances described in your personal statement. Adult professionals include clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, teachers or professors, law enforcement officers, professional staff of Children and Family Services (Public Assistance Department), and officers of the court. Letters must be signed originals on agency letterhead with the professional title (Counselor, Priest, etc.).

**If you checked reason #2, provide two or more of the above sources and a photocopy of your parent's death certificate or newspaper obituary.**

If your last name is different from your parent's, please provide legal documentation of birth, adoption, marriage, divorce, or other circumstances that prove your relationship.

**If you checked reason #3, provide the following sources:**

Signed statements from the embassy or consulate of the country in which your parents live which clearly states that the policies of that country or of the United States of America prevent mail and funds to be readily transferred between residents of the United States and their country. If an official government statement is not readily available, a similar statement from a refugee organization on their letterhead is acceptable. In addition, you must also submit a notarized statement from your sponsors (if applicable) or a family member verifying the level and type of support you receive from family, friends and sponsors.

**If you checked reason #4, provide all of the following sources:**

Complete copies of your marriage license(s), divorce decree(s), federal tax returns (1040, 1040A, 1040EZ or 1040TEL) and W-2 forms for the period in which you were married, and mortgage or rental agreements for the period in which you were married. A signed and notarized statement from both your and your spouse's parents verifying amounts of financial support of any kind (other than reasonable gifts for birthdays and holidays) or the absence of such support after you were married.

(continued on next page)

**C. MONTHLY EXPENSE AND INCOME WORKSHEET** – Complete both worksheets.

- 1) **CURRENT EXPENSES** – Estimate your current **monthly** expenses below and how they are covered. Types of expenses are listed in the first column. Enter your estimate of monthly amounts in the second column. In the third column, give the name(s) and relationship(s) of the

person(s) who pay(s) the expense or provides the item for you. If you pay the cost, enter "Self" in the third column.

EXPENSE	MONTHLY COST	WHO PAYS OR PROVIDES IT
Housing	\$	
Utilities	\$	
Food	\$	
Clothing	\$	
Transportation	\$	
Medical	\$	
Personal	\$	

2) **CURRENT INCOME** – Describe your **monthly** income and identify the source(s) by name (examples: Del Taco, Joe Smith, etc.)

TYPE OF INCOME	MONTHLY INCOME	SOURCE(S)
Wages	\$	
Interest	\$	
Dividends	\$	
Untaxed Income	\$	
Cash Support	\$	
Other	\$	

**D. ADDITIONAL INFORMATION** – Answer all questions below.

- 1) In what year were you last claimed by your parent(s) as a dependent on a Federal Tax Return (1040 or 1040A)? Year \_\_\_\_\_
- 2) When did you last live with your parents? Month \_\_\_\_\_ Year \_\_\_\_\_
- 3) When did you last receive financial support from your parent(s)?  
Month \_\_\_\_\_ Year \_\_\_\_\_
- 4) Are you included as a dependent on your parents' medical plan? Yes/No  
(continued on next page)

5) Did or will you file a 2015 Federal Tax Return (1040, 1040A, 1040EZ, or 1040TEL)?

Yes/No If yes, please attach a complete signed photocopy.

**E. STUDENT CERTIFICATION – Read carefully before you sign.**

I hereby certify that all information contained in this appeal for independent status, including my personal statement and other documentation, is true and complete to the best of my knowledge. I swear or affirm that I have not knowingly or intentionally provided false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my appeal will be denied and my eligibility for Federal and State aid jeopardized. **Note:** Federal regulations stipulate that evidence of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United States Attorney.

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Your Signature

Today's Date

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**OFFICE USE ONLY**

Date Submitted: \_\_\_\_\_ Taken By: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Approved  Reviewer Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

Denied  Action Needed: \_\_\_\_\_