2011-12 Independent Status Appeal Form

Name ___________________________________________ ID Number____________________

The Higher Education Act allows an aid administrator to classify a student as independent on the basis of extenuating circumstances. Students may petition to be reclassified as independent based upon documented adverse family circumstances that may make obtaining parents’ information impossible.

<table>
<thead>
<tr>
<th>Circumstances that will be considered:</th>
<th>Circumstances that are not considered extenuating:</th>
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</thead>
<tbody>
<tr>
<td>Abusive family environment</td>
<td>Parents refuse to contribute to student’s education</td>
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<tr>
<td>Abandonment by parents</td>
<td>Parents’ unwillingness to provide financial support</td>
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<tr>
<td>Severe estrangement from parents</td>
<td>Parents’ unwillingness to complete FAFSA</td>
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<tr>
<td>Parents’ whereabouts unknown</td>
<td>Student demonstrates total self-sufficiency</td>
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In order for your appeal to be approved, you must provide documentation confirming that all emotional and financial contact with parents has been severed as a result of the adverse family circumstance.

To review your appeal, the following information and/or documents must be submitted:

- A detailed explanation describing the adverse family circumstances
- A detailed explanation from one or more person(s) having broad knowledge of the adverse situation.
- A letter from a professional person (counselor, therapist, member of the clergy, social worker, etc.) on their letterhead confirming and documenting the adverse family circumstances.
- Copy of your 2010 federal income tax return or verification of untaxed income.
- Copy of your current lease/rental agreement.

Certification: All the information provided by me or any other person is true and complete to the best of my knowledge.

I understand that upon receipt of this information, the Albion College Office of Financial Aid will review all information and if approved, changes will be made to my aid eligibility. I further understand that failure to submit all information requested or incomplete information will further delay or jeopardize my appeal.

I understand that if my appeal is approved, I must request in writing a dependency override for each subsequent academic year I wish to apply for aid.

_______________________________ _________________________ ________________________
Name Signature Date

OFFICE OF FINANCIAL AID, K.C. #4670, ALBION, MICHIGAN 49224 • 517-629-0440

1/2011