



John A. Logan College
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2017-2018
Dependency Appeal

Student's Name: _____ Social Security Number: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____

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 form must be **fully completed** to initiate a review of your dependency status. All information submitted will be held in strict confidence.

You must request a witness familiar with your family circumstances and your living arrangements to assist you in completing this form. The witness must be your teacher, minister, lawyer, physician, counselor, or other professional person who can verify your circumstances upon which this appeal is based.

This appeal is appropriate only for those applicants whose family disintegration was caused by unusual circumstances beyond the applicant's control.

SECTION ONE

In presenting your need, it is your responsibility to explain why and how your family relationship has disintegrated. Be specific and include dates of events and circumstances. Also, include in this narrative your present living arrangements. It is appropriate to include documentation to substantiate your appeal. Such documentation can include statements from child and family service agencies, law enforcement agencies, records of court hearings and judgment, statements from mental health center personnel, high school counselors, etc.

I affirm the foregoing is true and correct to the best of my knowledge. I grant the witness signing this form permission to respond to inquiries concerning my circumstances.

_____ Student Signature _____ Date

